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ABSTRACT

This book gives an overview of children's needs and national plans and programs for children in Egypt for the 25 years between 1954 and 1978. Chapter I compares child populations in different regions of the world. The proportion of children under 15 years of age to total population is very high in developing countries (approximately 40%) as compared with that in developed countries (approximately 25%). Chapter II delineates implications for countries with large youth populations. Reduced population growth and increased social and economic development plans are advocated. Dependency ratios of the number of dependent children under 12 years of age per 100 persons aged 12 - 64 years are given for the last 25 years. Chapter III describes attempts of the government of Egypt to increase the level of health of both mothers and children. Chapter IV describes increases in school enrollment among a growing Egyptian youth population. Chapter V indicates social services provided for Egyptian children. Chapter VI discusses family planning services. The role of the mass media in informing children and informing society at large about children is indicated in Chapter VII. An acute need for a comprehensive national plan for children is recognized. Data related to topics of most chapters are presented in 32 tables and 10 figures. (Author/RH)

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جمهورية مصر العربية

الجهاز المركزي للتعبئة العامة والإحصاء

ARAB REPUBLIC OF EGYPT

CENTRAL AGENCY FOR PUBLIC MOBILISATION & STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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International year of the Child 1979

The Egyptian Child in 25 years 1954 – 1978

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1954 - 1978

Ref. : 90 - 11000 - 79

CAIRO, JANUARY 1979

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FOREWORD

Children are our most precious resource and are our hope for a better future. The well - being, safety and development of children today will determine the picture of our tomorrow's world. As children are wholly dependent upon adults, we have to provide them with the best we can give. As a result, and out of the deep awareness to the subject, The United Nations formally proclaimed 1979 to be the International Year of the Child.

President Sadat and Mrs Sadat together with the Government of Egypt have given the utmost attention to the Egyptian child. The Egyptian children are provided with the basic services in urban and rural areas. The child learns from the beginning how to be a useful member of the society and how to develop his abilities. Health care is provided free of charge to mothers and children all over the country. Compulsory primary education free of any charges is available for each child in schooling age. Special care is provided for handicapped children.

The Government is also keen and aware to develop the role and status of women in the society, in order to promote the well being of the family. This has an immediate impact on the well being of the children. The rights of children are enjoyed regardless of sex, religion, or social origin.

The Central Agency for Public Mobilisation and Statistics is in line with the government with respect to the greatest attention devoted to the child. It collects, processes, tabulates and analyses data on children in all fields of life and also undertakes relevant studies and research that provide policy - makers and planners with the basic materials for action programmes directed towards children's welfare.

The Central Agency for Public Mobilisation and Statistics is pleased to publish this brief study on the Egyptian child in 25 years as a part of his participation in the International Year of the Child 1979.

GAMAL ASKAR
President
Central Agency for Public
Mobilisation and Statistics

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CHAPTER 1

CHILDREN IN THE WORLD : A REGIONAL COMPARISON.

CHAPTER I

CHILDREN IN THE WORLD: A REGIONAL COMPARISON

There is now a world - wide compaign to fulfill basic needs of children which transcends most cultural and religious differences among nations. This compaign is based on the perception that children are a source, but only if they are taken care of early and given the necessary preparation to enable them to contribute to the future of their countries. This perception was expressed early in 1959, in the United Nations Declaration of the Rights of the Child, and was reinforced since these two decades by both scientific research and international conferences.

According to the United Nations Selected World Demographic Indicators by Countries and Regions, about 36 per cent of the world population of 3,900 million was under 15 in 1970, a proportion that will fall only marginally to 35.4 per cent in 1980 out of a total population of 4,370 million. While the medium variant projections of the United Nations suggest a gradual decline over the next two decades, the significant drop will occur in the "more - developed" rather than the "less - developed" countries, thus having about 35 per cent of a population of 4,893 million in the latter category - children under 15 years of age - in the year 2000.

A distribution of children under 15 years of age by major rigions of the world in years 1950, 1965 and 1970 is shown in Table 1. As reflected from the table, the proportion of children has increased in 1965 compared with 1950 in the less developed rigions. This increase in the proportion of dependent population in most of these areas is attributed to the sustained fertility and falling mortality rates in these areas. While the proportion of children to total population showed a marked decline in 1970 in many regions, it continued its rising trend in some developing areas, especially in Africa. Such increase in the proportion of children is usually accompanied by increasing pressure on world opportunities, social facilities and services.

TABLE 1

Percentage Distribution of Children (0 - 14) to Total Population in Major Areas and Regions of the World In 1950, 1965 and 1970

Regions	% Children to Total Population		
	1950 (1)	1965 (2)	1970 (1)
World Total	36.1	37.4	36.4
More developed regions	27.9	28.1	26.7
Less developed regions	40.5	41.6	40.6
Africa	42.8	43.5	44.3
Eastern Africa	43.1	43.6	45.2
Middle Africa	41.8	41.7	42.9
Northern Africa	42.3	44.2	44.4
Southern Africa	39.2	39.8	40.9
Western Africa	44.0	44.3	44.7
Latin America	41.0	42.5	42.8
Northern America	27.2	31.0	28.4
East Asia	38.8	36.9	33.6
South Asia	40.4	43.0	42.7
Europe	25.4	25.4	24.9
Oceania	29.8	32.8	32.1
USSR	30.1	30.5	28.6

Source: (1) United Nations Secretariat, Population Division, "Demographic Trends in the World and its Major Regions, 1950-1970", Population Debate, Vol. I, Part two, Table 8.

(2) Compiled from data in U.N., World Population Prospects as Assessed in 1968.

The recent change in the proportion of children to total population is illustrated in Table 2 and Figure 1. The data show some evidence of slight decrease in this proportion in 1975 compared with 1970 in some regions, especially in the more developed regions. However, children still constitute about one - quarter and two - fifths of the population of more developed and less developed rigions respectively, although somewhat less in Europe. This bears important economic and social implications, especially in planning for educational facilities and teaching personnel, consumption levels and patterns, housing needs and necessary health services.

With such massive numbers of children living in less developed countries where disease, poverty, and illiteracy are still the lot of a majority of the population, one can realize the dimension of the problem. How to feed, educate and find jobs for these children are the real challenges. Unless there would be an active search for meeting the basic needs of the children, many children in these areas will be under - nourished, will not find a place in school, or will go only a few years if they do; and will continue to suffer inadequate or non - existent health care.

TABLE 2

Percentage Distribution of Children (0-14) to Total Population in Major Areas and Regions of the World

In 1975 and 2000

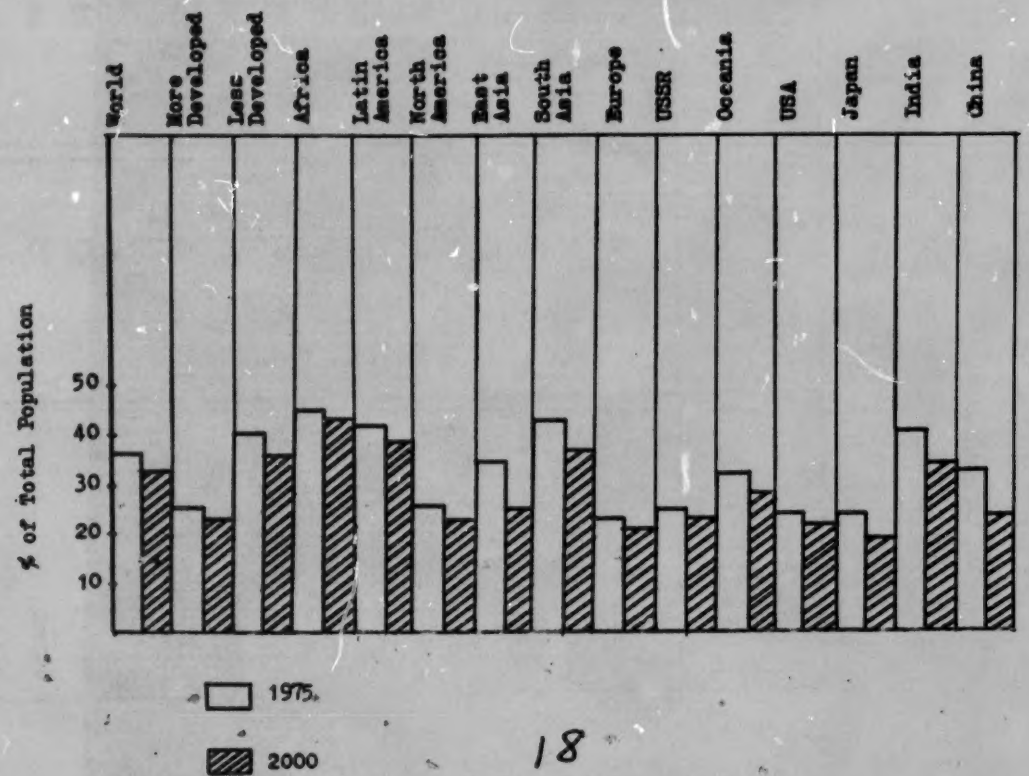
Regions	Children (0-14) as Percentage of Total Population	
	1975	2000
World	36	32
More Developed	25	23
Less Developed	40	35
Africa	44	43
Latin America	42	38
North America	26	23
East Asia	33	25
South Asia	43	37
Europe	24	22
U.S.S.R.	26	24
Oceania	32	29
U.S.A.	25	23
Japan	25	20
India	42	35
China	33	25

Source : United Nations Selected World Demographic Indicators.

FIGURE 1.

Children (0 - 14) as Percentage of Total Population

In years 1975 and 2000.



(8)

Therefore, Governments in less developed countries should be constantly aware by the problems of providing its future citizens with adequate health, food, schooling and other requirements. The most important starting point is to promote efforts for curtailing the rapid increase in population growth, which has a retarding effect on the economic and social development plans undertaken in many of these countries. For, the lot of the child cannot be improved, or any improvements maintained unless the general living conditions of all the people are improved at the same time.

There are, however, some favourable signs for an improvement in the situation of children. Many Governments are keenly interested in expanding health and educational services, in investing more in food and agriculture and in launching rigional development programmes. There is a flow of aid from the United Nations agencies and developed countries to less - developed countries in many areas related to children's welfare. Women's status is gaining momentum everywhere, which will be reflected in gains for children. For, a better educated mother, is more likely to have fewer, better - spaced children who, in turn, will have better health and better chances for education.

CHAPTER II

PROPORTION OF CHILD POPULATION TO TOTAL POPULATION, AND ITS IMPLICATIONS

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PROPORTION OF CHILD POPULATION TO TOTAL POPULATION, AND ITS IMPLICATIONS.

In so far we have already seen in the preceding chapter that, the proportion of children under 15 years of age to total population is very high in developing countries as compared with that in developed countries. It represents about one quarter of total population in developed countries, whereas it represents more than 40 per cent of total population in developing countries in recent years (1965 and 1970).

This high proportion of children under 15 years of age in developing countries has its direct and indirect implications from socio - economic and demographic standpoints.

The larger the proportion of school age children in the population, the greater is the proportion of national income which must be spent to provide education at a given standard. Thus, the high annual investments required to sustain educational standard, make it difficult for developing countries with rapidly increasing child poportion to provide adequate educational progress.

In addition, increasing proportion of national income will have to be annually devoted to face the increasing needs for health services, housing as well as other cultural services. This

means that decreasing proportion of national income will be allocated to productive projects.

Also, higher proportion of children in a population means, high dependency burden on adults of working age, higher levels of consumption, lower levels of savings and then lower levels of per capita income in this population. On the reverse, a population having a higher proportion of persons in the productive age groups will have a higher per capita income; greater savings and larger investments available for development purposes, less requirements of income will be devoted to health, housing and other social and cultural services.

In this respect, the experience has shown that, the greatest savings are likely to be achieved in a population having a relatively large proportion of adults in working age.

Besides, the developing countries having higher proportion of children under 15 years of age will be faced sooner or later by the problem of unemployment, since those children will be ready for work after sometimes, unless these countries try from now to create enough job opportunities to meet the future demand for labour.

In such circumstances, it is of pivotal importance for developing countries in general and Egypt in particular to undertake strong positive policy to decrease rates of population growth through decreasing fertility, and to undertake ambitious

social and economic development plans to raise per capita income and welfare of their populations. This, in turn, will be reflected on the level of living of their children, as mentioned earlier.

In case of Egypt, we shall confine ourselves to children less than 12 years of age for purpose of this study. The period of the study covers the last 25 years, i.e. from 1954 to 1978. Table 3 shows the proportions of children under 12 years of age to the total population of Egypt, during the period of study. It is quite clear from this table that, the proportion of children less than 12 years of age represented about 34 per cent of total population in 1954. This proportion has gradually increased since that year up to the year 1960. It was about 35.5 per cent of total population in 1960. After that year, the proportion of children under 12 years of age has gradually decreased year after year to reach about 31.5 per cent of total population in 1978, as can be seen from Table 3.

The decrease in this proportion after the year 1960 as compared with that in the years before 1960 may be due to the effect of some socio - economic factors as well as war conditions. It should be remembered that, though there was a gradual decrease in proportion of children under 12 years of age after

TABLE 3

Proportion of Children Under 12 Years of Age to Total Population, 1954-1978.

Year	Population under Age 12 (000) (*)	% of Total Population
1954	7660	33.8
1955	7907	34.1
1956	8153	34.4
1957	8400	34.7
1958	8646	35.0
1959	8893	35.2
1960	9140	35.5
1961	9287	35.2
1962	9434	34.9
1963	9581	34.6
1964	9728	34.3
1965	9876	34.1
1966	10023	33.8
1967	10170	33.6
1968	10317	33.3
1969	10465	33.1
1970	10612	32.9
1971	10759	32.7
1972	10906	32.5
1973	11054	32.3
1974	11201	32.1
1975	11348	32.0
1976	11495	31.8
1977	11643	31.6
1978	11790	31.5

(*) Estimated figures, depending upon 1947, 1960 and 1976 Population Censuses.

1960, these proportions are still very high if compared with developed countries, as mentioned earlier, and especially if we know that they did not include those children aged 12 - 14 years.

The implications of such high proportion of children under 12 years of age to total population have been already mentioned earlier. The reflection of them on dependency ratios will be discussed in the next section.

Dependency Ratio For Children :

Total dependency ratio can be defined as number of persons in dependent age groups per 100 aged 15 - 64 years. It includes dependency ratio for children under 15 years of age, (number of children less than 15 years of age per 100 persons aged 15-64 years) and dependency ratio for the older population, (number of persons aged 65 years and over per 100 persons aged 15 - 64 years).

It is well known that, dependency ratio for children is very high in developing countries if compared with developed countries. As can be seen from Table 4, the dependency ratio for children under 15 years of age was 75.4 per 100 aged 15 - 64 years in developing countries in 1965, whereas that of developed countries was only 44.6. Also, the ratio was 81 in Africa and only 39.6 in Europe (excluding USSR).

In other words, whereas there are four young dependents for every five persons aged 15 - 64 years in developing countries, only two young dependents for every five persons in working age groups are found in developed countries.

The reason for this high dependency ratio in developing countries especially for children is the high fertility and the resultant high proportion of children under 15 years of age to the total population, as compared with that in developed countries.

TABLE 4

Dependency Ratios of the Populations of Major Areas and Regions of the World, 1965

Major Areas and Regions	Dependency Ratio		
	Total	Under 15 years	65 Years and over
World total	73.5	64.8	8.7
Developing Regions	81.3	75.4	5.9
Developed Regions	58.8	44.6	14.2
Africa	86.2	81.0	5.2
East Asia (Excluding USSR)	69.4	62.5	6.9
South Asia (Excluding USSR)	85.0	79.5	5.5
Japan	47.2	38.0	9.2
Europe (Excluding USSR)	55.9	39.6	16.3
Latin America	85.7	78.9	6.8
Northern America	67.2	51.9	15.3
Oceania	66.9	54.7	12.2
U.S.S.R.	61.1	49.2	11.9

Source : U.N. The Determinants and Consequences of Population Trends, Volume 1, 1973, P.265

In case of Egypt, dependency ratio for children is defined as number of dependent children under 12 years of age per 100 persons aged 12 - 64 years. This definition serves the purpose of this research on the Egyptian child during the last 25 years. Table 5 shows the dependency ratio for children under 15 years of age in Egypt since 1954 to 1978. It is clear from the table that, the dependency ratio for children was in line with their proportion to the total population, i.e. it increases gradually since 1954 (about 54 child for each 100 adults aged 12 - 64 years) to 1960 (58 child per 100 adults). After that year, the dependency ratio has gradually decreased up to the year 1978. In this year it reaches 48.6 child per 100 adults aged 12 to 64 years. Though, this ratio did not include dependents aged 12-14 years as it is common in U.N. definitions in this respect, it is still very high in Egypt, as can be noticed from Table 5 and Figure 2.

It can be added here that, the high dependency ratio in developing countries in general as compared with developed countries, places them in a critical economic situation and increases the gap between these developing and developed countries. Again, higher fertility rates and then, higher rates of population growth in developing countries, including Egypt, as compared with that in developed countries is the basic reason for such noticeable phenomenon.

TABLE 5

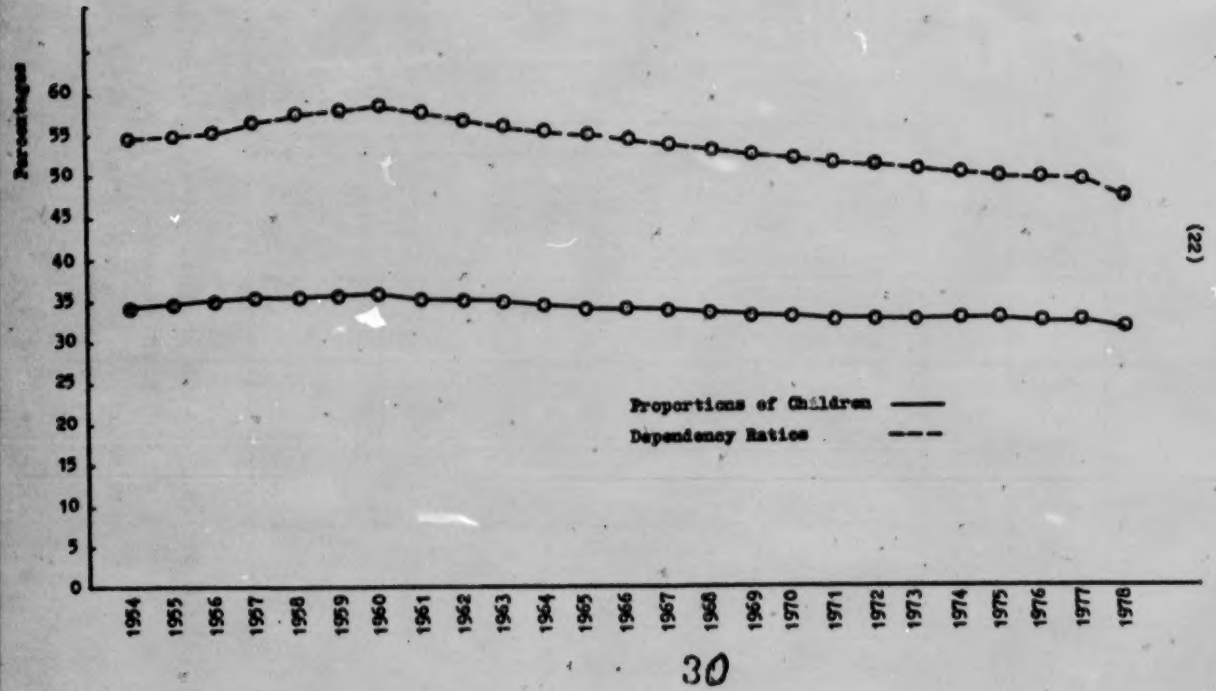
Dependency Ratios for Children Under Age 12, 1954-1978.

Year	Dependency Ratio	Year	Dependency Ratio
1954	53.7	1967	53.5
1955	54.5	1968	52.9
1956	55.2	1969	52.4
1957	56.0	1970	51.9
1958	56.7	1971	51.4
1959	57.4	1972	50.9
1960	58.0	1973	50.5
1961	57.4	1974	50.1
1962	56.7	1975	49.7
1963	56.0	1976	49.3
1964	55.3	1977	48.9
1965	54.6	1978	48.6
1966	54.0		

(*) Dependency ratio in this case is calculated as number of children less than 12 years of age per 100 population in the age group 12-64.

FIGURE 2.

Proportion of Children to Total Population and Dependency Ratios for Children, 1954 - 1978.



(22)

Employment Among Children Under 12 Years of Age:

Although the legislations of labour in Egypt do not allow the employment of children under 12 years of age, there are a considerable numbers of children aged 6 - 11 years who are actually working in different professions. Some of them may be in a training stage and do not charge any wages. Anothers may take wages for their work.

In this respect, the Central Agency for Public Mobilisation and Statistics annually undertakes a sample survey on employment in Egypt. From the results of this sample survey we shall try to see the trend of employment of children aged 6 - 11 years and its proportion to total employment (12 - 64) in Egypt during the available years in the period of study.

The relevant figures are shown in Table 6. From this table, it is apparent that the proportion of employment among children under 12 years of age to employment among persons aged 12 to 64 years, ranged between 3 and 5 per cent approximately in the years 1974 and 1975. This proportion, though seems small, is greatly affected by compulsory education among children year after year as well as labour legislation laws in this respect and socio - economic status of persons.

However, employment of children under 12 years of age should be decreased to a great extent and instead of this, attention of

TABLE 6

Employment Among Children Aged 6-11 Years

1968-1975.

(00)

Year (1)	Employment(*)		(4) = (2)/(3) %
	6-11 Years (2)	12 - 64 Years (3)	
1968	3706	77001	4.81
1969	3265	80083	4.08
1970	2153	80442	2.68
1971	3838	82525	4.65
1972	3901	86820	4.49
1973	2647	85673	3.09
1974	2654	88673	2.99
1975	4447	90307	4.92

(*) According to the Results of Labour Force Sample Survey Annually Conducted in May.

the government should be directed towards attracting and motivating those children to compulsory education and then to useful training courses in different professions.

CHAPTER III

CHILDREN AND HEALTH CARE

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CHILDREN AND HEALTH CARE

Numerous services offered by Maternal and Child Health Centres (MCH) to improve the health status of woman and child extend from the examination of prospective parents prior to marriage to the provision of postnatal and comprehensive services for infants and preschoolers (aged 1 - 6 years). These services can be classified into four types:

1 - Antenatal Care :

That aims for improving the health of expectant mother and emphasizing the proper growth and delivery of the child. It includes clinical services and assistance in preparing the mother and her house for delivery, as well as the services related to health and nutrition awareness.

2 - Natal Care:

In Egypt most of deliveries still occur at home under the supervision of traditional midwives who are untrained individuals. Difficult cases of delivery are transfered to the nearest hospital. Most MCH centres possess a limited number of beds (usually 2 beds) for those mothers who are unable to deliver at home due to poor housing conditions or for anticipated problems associated with delivery.

3 - Postnatal Care :

Covers home visits, examinations and provision of basic health and nutrition information. The visits after labour are conducted every day within the first week. Another examination is conducted at the end of the 3rd week to ensure that the mother has escaped the risk of infection. Six weeks after delivery the mother is supposed to be checked for general health and involution.

4 - Infant (less the 1 year) and Preschool Children (1-6 year) Health Care :

Further to the post natal services, periodic examination is conducted to detect and manage diseases at early stages and to follow up the overall growth and development of the child.

Clinical services are provided for proper diagnosis and treatment of illness in question. The prevention and control of communicable diseases through immunization programmes, health and nutrition programmes, and through the promotion of adequate environmental sanitation measures, are carried out through the MCH Centres.

Besides, the Ministry of Health carries out extensive activities in the area of information and education. Special efforts for example are made to reduce the incidence of illness associated

with malnutrition through the education of mothers with respect to proper weaning and feeding practices. Simultaneous efforts are made to assess social, economic, and cultural factors affecting health attitudes and performance, and to effect the necessary or relevant changes when and where possible.

In this respect, Table 7. shows the crucial development in number of MCH Centres in Egypt, since 1955/56 to 1977. It is quite clear from this table that, there is a huge increase in the numbers of MCH centres during the period of study. The increase in their numbers was about 161.2 per cent in 1977 as compared with that in 1955/56.This reflects the greatest attention devoted by the government of Egypt towards maternal and child health care in a continuous attempt to improve the health of the mothers and their children.

The government has established sections of MCH in Health Centres; Combined Centres; Social Centres and Rural Health Centres in order to extend their services all over the whole country.

But, since 1973 the Combined Units were added up to the Health Centres and the Social Centres were added up to the Rural Health Centres.

It is clear from Table 7 also that, there was a huge increase in sections of MCH in Health Centres and Combined Centres in 1977 as compared with 1955/56. The increase was about 156.3 per cent during this period. In case of sections of MCH in Social Centres

TABLE 7

Development of Maternal and Child Health Centres, 1955/56-1977

Year	M C H Centres	Sections of MCH in Health Centres	Sections of MCH in Combined Centres	Sections of MCH in Social Centres	Sections of MCH in Rural Health Centres (1)	Total
1955/56	85	229	-	114	-	428
1958/59	94	246	174	105	-	619
1959/60	95	256	213	105	-	669
1960/61	96	261	230	105	-	692
1961/62	97	264	247	115	-	723
1962/63	120	264	259	129	108	880
1963/64	141	265	275	128	308	1117
1964/65	151	259	300	109	581	1400
1965/66	164	264	304	104	782	1618
1966/67	184	264	311	98	942	1799
1967/68	190	261	312	93	1018	1874
1968/69	193	258	316	82	1078	1927
1969/70	199	257	321	45	1162	1984
1970/71	201	263	324	43	1197	2028

TABLE 7

Development of Maternal and Child Health Centres, 1955/56-1977 (Cont.)

Year	M C H Centres	Sections of MCH in Health Centres	Sections of MCH in Combined Centres	Sections of MCH in Social Centres	Sections of MCH in Rural Health Centres (1)	Total
1971/72	204	262	325	43	1237	2071
1972/73	202	263	325	36	1336	2162
1973 (2)	214	587		1481		2282
1974	215	587		1641		2443
1975	216	586		1600		2402
1976	223	586		1651		2460
1977	222	587		1667		2476

(1) Started in 1962.

(2) From the year 1973, the Combined Units were added up to the Health Centres, and the Social Centres were added up to the Rural Health Units.

and Rural Health Centres, the increase was about.1362.3 per cent in 1977 if compared with that in 1955/56.

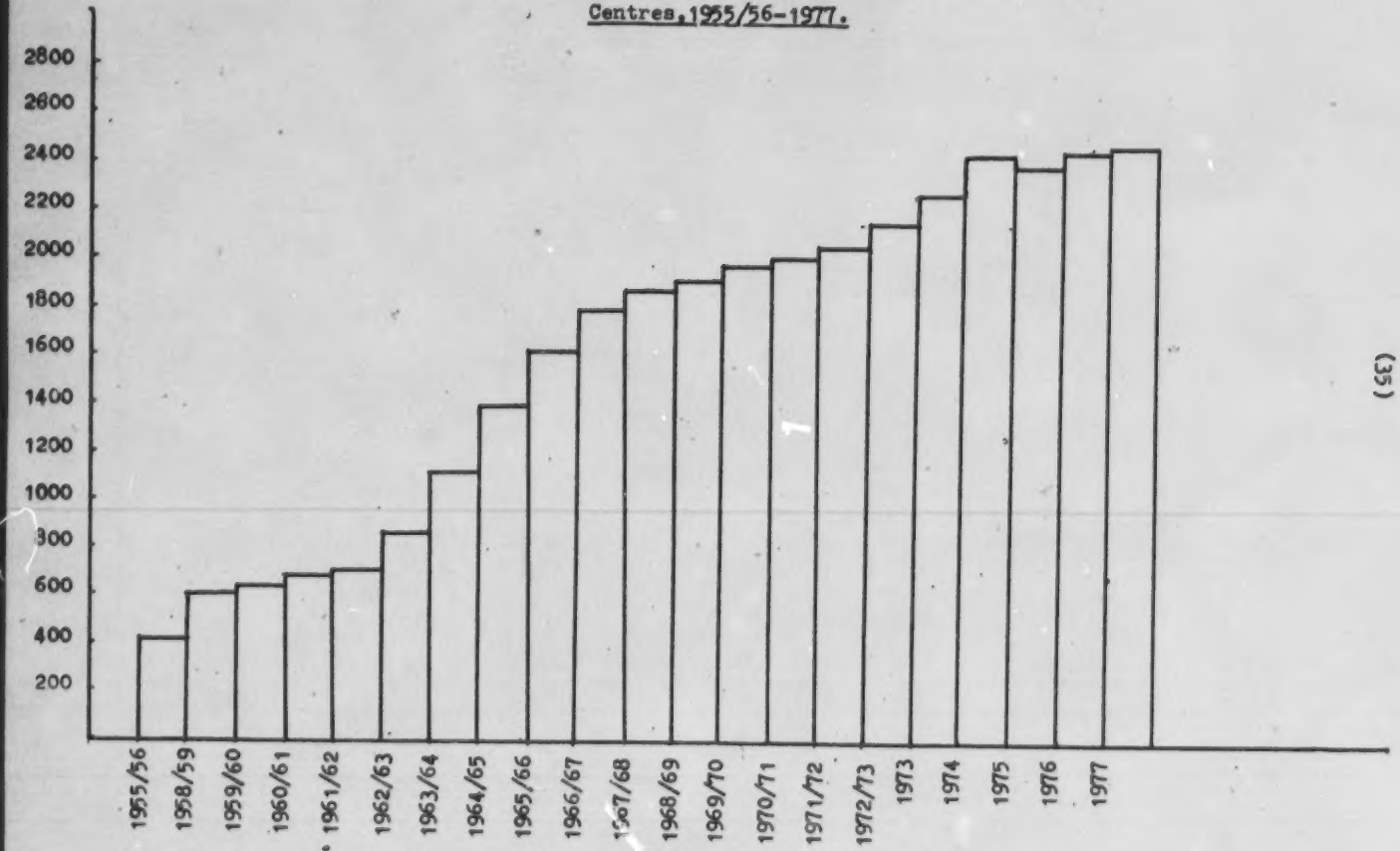
In general, there was a very high increase in the total number of MCH in 1977 as compared with 1955/56 i.e: about 478.5 per cent during this period as can be seen from Figure 3. One may again repeat that, this huge increase in the numbers of MCH centres during this period of study, gives a strong indication for the big efforts done by the government of Egypt to improve the health situation of mothers and their children.

In this connexion, not only the numbers of MCH contres have increased to a great extent during the period of study, but also the services offered by them have considerably increased. As can be seen from Table 8. the number of post pregnancy cases which were examined by MCH centres has increased by about 17.1 per cent in 1977 as compared with that in 1952/53.Also, number of deliveries carried out in MCH centres has increased by about 17.2 per cent during the same period. There was a noticeable increase in the number of infants who have visited MCH centres. The increase was about 118.5 per cent in 1977 as compared with that in 1952/53.

Among the basic services offered by MCH centres, Small - Pox, Diphteria and Polio vacinations, are seen to be greatly increased since 1952/53 to 1977.The increase was about 161.1,

FIGURE 3

Total Number of Maternal and Child Health Centres, 1955/56-1977.



(35)

TABLE 8

Services Offered by Maternal and Child

Health Centres, 1952/53-1977 (000.)

Year	No. of Post Pregnancy Cases	New Pregnancy Cases	Deliveries in Centres	No. of Infants Visiting Centres	Circumcision for Children	Small Pox Vaccinations	Diphteria. Vaccinations	Polio Vaccinations
1952/53	479	166	128	898	-	29	29	-
1960/61	938	240	192	2756	8	35	35	-
1961/62	753	248	201	2833	5	57	60	-
1962/63	1197	311	282	3923	9	46	43	163
1963/64	1032	323	280	3904	18	100	67	96
1964/65	1001	207	238	3138	29	98	79	122
1965/66	993	321	242	3633	13	98	59	92
1966/67	1011	352	244	3596	14	103	59	88
1967/68	839	277	212	3191	11	77	70	81
1968/69	838	274	311	3218	11	75	64	66
1969/70	753	353	203	3150	16	74	68	60
1970/71	765	248	189	2902	8	72	66	59

TABLE 8

Services Offered by Maternal and Child

Health Centres, 1952/53-1977 (Cont.)

(000.)

Year	No. of Post Pregnancy Cases	New Pregnancy Cases	Deliveries in Centres	No. of Infants Visiting Centres	Circumcision for Children	Vaccinations: Small Pox	Vaccinations: Diphteria.	Vaccinations: Polio
1971/72	742	257	182	2667	9	67	58	58
1972/73	704	247	157	2482	9	70	58	52
1973	695	238	157	2412	8	60	53	51
1974	624	233	157	2318	7	60	51	8
1975	685	239	159	2193	9	64	40	60
1976	577	280	155	1877	13	63	182	191
1977	561	122	150	1962	9	76	199	315

(37)

586.2 and 93.3 per cent, respectively in 1977 as compared with 1952/53. Besides, the MCH centres offer the service of circumcision for children. In 1977 about 9000 children have benefited from such service.

In addition to services offered by MCH health centres, there are also School - Health Units all over the country which offer basic health services for pupils. Protection and vacinations against infectious diseases as well as comprehensive periodic examinations for pupils are among the basic services rendered through these units. Attention is devoted to disabled pupils and special care in the supervision on schooling nutrition of pupils are carried out by these School - Health Units. They try in general, to improve the surrounding environment in an attempt to increase the level of health among pupils.

In this regard, Table 9 shows the development in the number of School - Health Units since 1955 to 1977 and their activities since 1969 up to 1977. This table clearly shows the continuous increase in the number of School - Health Units since 1955 to 1977. Their number was only 45 units in 1955, and increased to 226 in 1977, thus having, an increase of 181 units through this period as can be also seen from Figure 4. The increase represents 300 per cent compared to 1955. As regards the activities of these health units, the table indicates that, a huge number of newly registered pupils is being examined by these health units, year after year since 1969 to 1977. Approximately more

TABLE 9

Number of School - Health Units

and Their Activities, 1955-1977

Year	Number of School-Health Units	Activities of School - Health Units (000)		
		Newly Registered Pupils	Examinees	Examinees to Newly Registered %
1955 (*)	45	..	..	..
1958	143	..	..	..
1959	143	..	..	..
1960	146	..	..	..
1961	146	..	..	..
1962	166	..	..	..
1963	177	..	..	..
1964	184	..	..	..
1965	180	..	..	..
1966	185	..	..	..
1967	193	..	..	..
1968	198	..	..	..
1969	203	341	323	94.72
1970	203	347	313	90.20
1971	203	383	357	93.21
1972	208	369	348	94.57

TABLE 9

Number of School - Health Units and Their Activities, 1955-1977 (Cont.)

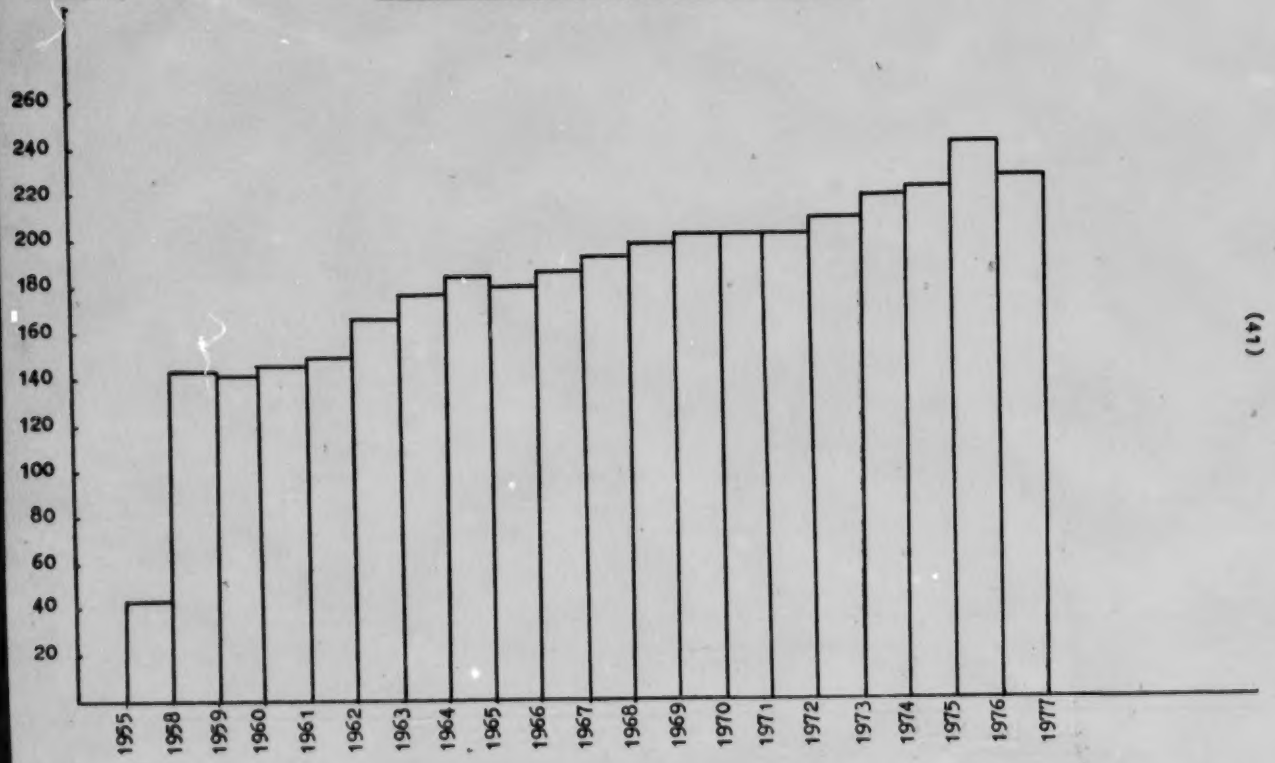
Year	Number of School-Health Units	Activities of School - Health Units (000)		
		Newly Registered Pupils	Examinees	Examinees to Newly Registered%
1973	218	393	360	91.60
1974	220	294	414	140.82
1975	238	437	385	88.10
1976	240	340	333	97.94
1977	226	367	333	90.74

Source : Ministry of Health.

(*) Data on activities of School - Health Units during the period 1955 to 1968, are not available.

FIGURE 4

Number of School - Health Units, 1955-1977



(47)

than 90 per cent of newly registered pupils are examined through these units throughout the period of study.

So far, the analysis carried out in this section has proved the continuous encouragement and attention devoted by the government of Egypt to increase the level of health of both mothers and children since 1952 up to now. These health services are provided free of charge either in urban or rural areas of Egypt.

No doubt, the continuous improvement in children health care has its effects on the levels and trends of mortality rates among children during the period of study. This point will be discussed in more details in the next section.

Health Care and Mortality Rates Among Children :

There has been a considerable improvement in health services offered to mothers and their children since 1952 to 1975. The huge increase in number of MCH centres, the control of communicable diseases, education in preventive measures, and the use of new drugs, have brought about marked health improvements reflected in the continuous downward trend in death rates among children. It is well known that any improvement in health situation in a country is greatly reflected on infant and childhood mortality rates, since communicable diseases are easily controlled.

One may expect a decline in neonatal and postnatal death rates as well as infant death rates as a result of the numerous services offered by MCH centres for infants in these early stages of age, as mentioned earlier. In this connexion, Table 10 shows infant death rates in Egypt by age at death since 1954 to 1975. By Neonatal death rate we mean number of deaths occurred among infants aged less than one month per 1000 live births in a calender year, whereas postnatal death rate means number of deaths occurred among infants aged 1 - 11 months per 1000 live births in a calender year. Infant death rate which equals these two rates, can be defined as number of registered deaths among infants less than one year of age per 1000 live births per a calender year.

It is quite clear from Table 10 that, there has been a downward trend in neonatal (less than one month), postnatal (from 1 - 11 months) and infant (less than one year) death rates since 1954 to 1975. For example, neonatal death rate was about 22 per 1000 live births in 1954, decreased to only 15.9 in 1975. The corresponding figures in case of postnatal death rates were 115.9 and 73.3 respectively. For infant death rate, it was 137.9 per 1000 live births in 1954 and decreased to only 89.2 in 1975. Though the figures for the years 1974 and 1975 are preliminary figures and may be changed later on, it is apparent from Table 10 that, there has been a considerable decrease in infant death rates in recent years as compared with that in the fifties or early sixties.

Again, the reason for such noticeable decrease in infant death rates can be greatly attributed to the continuous improvements in health conditions, especially among infants, as already mentioned earlier.

Even, if we take children under 12 years of age, as a group and study their death rates during the period 1954 - 1975, we shall notice the same downward trend. Death rates under age 12 are presented in Table 11. From this table, it is quite clear that, death rate among children under 12 years of age was considerably decreased in recent years as compared with that in the

TABLE 10

Infant Death Rates By Age:

1954 - 1975

Year	Infant Death Rates		
	- 1 Month	1-11 Months	Less than one Year
1954	22.01	115.85	137.86
1955	20.93	114.82	135.75
1956	20.92	103.35	124.27
1957	20.54	109.92	130.46
1958	19.55	92.75	112.30
1959	20.26	89.06	109.32
1960	19.33	89.98	109.31
1961	20.36	87.66	108.02
1962	22.67	111.15	133.82
1963	17.18	101.41	118.59
1964	21.83	95.47	117.30
1965	22.18	90.97	113.15
1966	23.67	103.38	127.05
1967	21.97	94.12	116.09
1968	21.36	109.91	131.27
1969	20.47	98.56	119.03
1970	19.89	96.39	116.28

TABLE 10

Infant Death Rates By Age,

1954 - 1975 (Cont.)

Year	Infant Death Rates		
	- 1 Month	1-11 Months	Less than one Year
1971	17.97	85.30	103.27
1972	17.69	98.28	115.97
1973	16.35	81.61	97.96
1974 (*)	16.09	85.17	101.26
1975 (*)	15.89	73,28	89.17

(*) Preliminary Figures.

fifties or early sixties. For example, this death rate was 66.2 per 1000 population under 12 years of age in 1954, and has decreased to only 48.3 in 1975. Reasons for such downward trend in death rates among children under 12 years of age are already mentioned earlier.

TABLE 11

Death Rates For Population Under Age 12,

1954 - 1978

Year	Deaths Under Age 12	Population Under Age 12	Death Rates
1954	507497	7660225	66.3
1955	547160	7906776	69.2
1956	496742	8153327	60.9
1957	577233	8399878	68.7
1958	543556	8646429	62.9
1959	533303	8892980	60.0
1960	581499	9139532	63.6
1961	541799	9286773	58.3
1962	647380	9434014	68.6
1963	547234	9581256	57.1
1964	585007	9728497	60.1
1965	518354	9875738	52.5
1966	614428	10022979	61.3
1967	552578	10170220	54.3
1968	665632	10317461	64.5
1969	585829	10464702	56.0
1970	636642	10611944	60.0

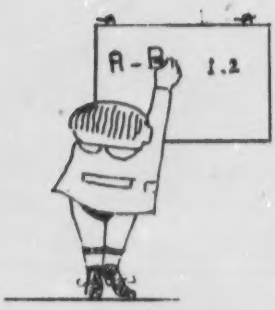
TABLE 11

Death Rates For Population Under Age 12,

1954 - 1978 (Cont.)

Year	Deaths Under Age 12	Population Under Age 12	Death Rates
1971	555181	10759185	51.6
1972	627426	10906426	57.5
1973	562577	11053667	50.9
1974 (*)	558214	11200908	49.8
1975 (*)	548497	11348149	48.3

(*) Preliminary Figures.



CHAPTER IV

CHILDREN AND EDUCATION

CHAPTER IV.

CHILDREN AND EDUCATION (*)

The right to education is one of the vital needs of the child that should be realized. For, education shapes the quality of the persons and endows them with knowledge, braining and the spirit of social responsibility that motivates them to act in furtherance of the individual and community welfare.

Apart from that, education has been frequently stressed as an important variable accounting for favourable demographic norms and behaviour. That there is a relationship between the level of education and fertility level, is generally accepted. Besides, many studies have indicated the inverse relationship between the level of education that a person has acquired, and the ideal family size, as well as knowledge, attitudes and practice of contraception. The education of females is maintained to raise age at marriage, and the consequent postponement of the birth of children. Besides, education promotes the status of women and opens up employment opportunites for them. Other consequences of education could be, increased material desires, or changes in cultural aspirations - which contribute to the limitation of family size.

(*) Data presented in this chapter are obtained from Ministry of Education.

The growth of education is, therefore, considered to be necessary because, in relation to other factors, it may affect behaviour in relation to population problems, and explains population issues in relation to human rights and responsibilities.

There is a wide consensus that the rapid population growth in developing countries reduces the possibilities of rapidly achieving adequate standards of education. This, indeed, threatens the realization of the right to education, as well as the economic and social development upon which, in turn, the expansion in education depends.

Educational planning is, therefore regarded as very important for developing countries since they can no longer afford the wastage in their national budjets due to lack of careful planning. For, planners have to make hard choice in giving priorities to desired goals, and allocating limited resources for promoting various educational facilities, including school building as well as the provision of adequately trained teachers. Therefore, it should be borne in mind that, all plans for expansion in educational system will be subject to the limitation of economic and financial considerations.

Enrollment in Primary Education :

The expansion in educational opportunities is one of the main policy objectives of the government. These efforts start from the first educational level by making primary education compulsory and free of charge. To illustrate the considerable progress towards the achievements of these objectives, it is relevant to review the enrolled pupils over the preceding years. Table 12 presents data that show the growth in numbers of schools, classes and enrolled pupils over the last two decades. The numbers of classes and enrolled pupils have more than doubled between years 1956/57 and 1976/77, while the number of schools has increased from about 8 thousand to about 11 thousand within the same period.

It should be noted that the numbers of schools, and the respective numbers of classes and pupils include all formal schools, subsidized private schools, private schools with fees, and social institutions. It may be noted that the age - group (6-11) is the immediate concern for compulsory education.

Table 13 and Figure 4 present the development in number of primary schools and enrolled pupils successively from the year 1954/55, to the year 1977/78. Table 14 shows also enrollments in El - Azhar institutes in primary education between years 1962/63 and 1977/78. As could be seen from the tables and the figure under consideration, total enrollments have most often

TABLE 12

Primary Schools, Classes and Enrolled Pupils

By Sex in Selected Years.

Year	Number of Schools (*)	Number of Classes	Number of Pupils		
			Males	Females	Total
1956/57	7955	48476	1240242	751384	1991626
1966/67	8735	81273	2105106	1346077	3451183
1976/77	10569	101635	2541505	1610451	4151956

(*) Includes sections attached to other schools.

TABLE 13

Primary Schools and Enrolled Pupils by Sex,

1954/55-1977/78

Year	Number of Schools	Number of Pupils		
		Males	Females	Total
1954/55	7486	989393	599462	1588855
1955/56	8725	1184386	693745	1878131
1956/57	7955	1240242	751384	1991626
1957/58	7562	1313376	796712	2110088
1958/59	7508	1436484	872369	2308853
1959/60	7385	1534309	938851	2473160
1960/61	7338	1623747	1007724	2631471
1961/62	7507	1714593	1075297	2789890
1962/63	7857	1805647	1141794	2947441
1963/64	8150	1932068	1235369	3167437
1964/65	8418	2023326	1310120	3333446

TABLE 13

Primary Schools and Enrolled Pupils by Sex,

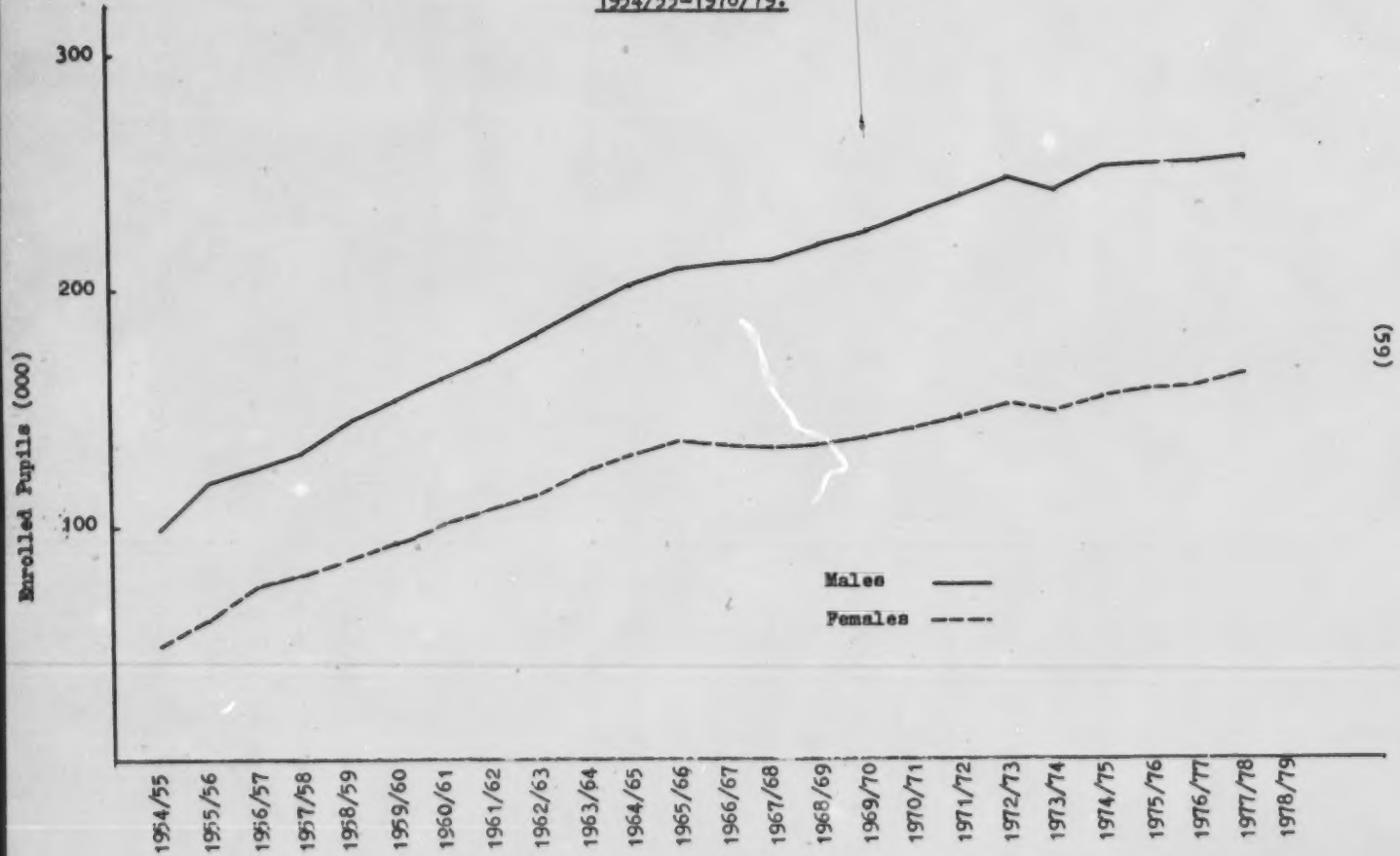
1954/55-1977/78 (Cont)

Year	Number of Schools	Number of Pupils		
		Males	Females	Total
1965/66	8568	2092588	1366010	3458598
1966/67	8735	2105106	1346077	3451183
1967/68	1469	2130454	1344104	3474567
1968/69	8483	2189502	1363598	3553100
1969/70	8756	2241758	1376992	3618750
1970/71	9100	2318198	1422353	3740551
1971/72	9332	2400657	1472640	3873297
1972/73	9520	2472087	1517052	3989139
1973/74	9792	2422052	1497809	3919861
1974/75	10140	2518121	1556772	4074893
1975/76	10346	2535663	1585273	4120936
1976/77	10569	2541505	1610451	4151956
1977/78	10822	2560556	1651487	4212043

FIGURE 5

Enrolled Pupils in Primary Schools by Sex,

1954/55-1978/79.



(59)

taken an upward trend, and that there has been a fast growth in the enrollment over the specified period of time. This increase in pupil enrollments is mainly a product of a rapid increase in the population eligible to primary education. Thus, the impact of the high growth rate characterizing Egypt in recent years is apparent.

Apart from this demographic variable, however, the growth in enrolled pupils could also be attributed to the expansion in school system which may result from other developments than the mere growth of the school age population. This includes the establishment of new schools as well as expanding the existing ones, or accomodating double sessions of children in the same school, a morning and an afternoon session, or recruiting of increasing numbers of teachers. Besides, pupil enrollments would also be affected by the perception of parents about the importance of education.

Apart from these factors, proportions of girls attending schools is also a very important limiting factor in affecting growth in pupil enrollments. Despite the government's efforts to remove the social stigma related to female's education in the past years, proportions of females to total pupil enrollments in primary schools is observed to be nearly constant, ranging between about 37 and 40 per cents over a period of time from 1954/55 to 1977/78 (see Table 15). Taking into account that

TABLE 14

Number of Institutes, Classes and Enrolled Pupils in El-Ashar Primary Education, 1962/63-1977/78.

Year	Number of Institutes	Number of Classes	Number of Pupils
1962/63	146	813	29163
1963/64	146	861	28997
1964/65	148	933	30325
1965/66	143	946	21018
1966/67	143	965	31395
1967/68	144	971	31797
1968/69	144	999	33926
1969/70	184	1161	40221
1970/71	184	1184	42633
1971/72	183	1213	44416
1972/73	215	1300	48514
1973/74	246	1483	54859
1974/75	245	1537	56878
1975/76	264	1693	60262
1976/77	300	1819	65889
1977/78	385	2193	79018

TABLE 15

Proportions of Enrolled Females to Total Enrolled Pupils in Primary Schools, 1954/55-1977/78

Year	% Enrolled Females to Total Enrolled Pupils	Year	% Enrolled Females to Total Enrolled Pupils
1954/55	37.7	1966/67	39.0
1955/56	36.9	1967/68	38.7
1956/57	37.7	1968/69	38.4
1957/58	37.8	1969/70	38.1
1958/59	37.8	1970/71	38.0
1959/60	38.0	1971/72	28.0
1960/61	38.3	1972/73	38.0
1961/62	38.5	1973/74	33.2
1962/63	38.7	1974/75	38.2
1963/64	39.0	1975/76	38.5
1964/65	39.3	1976/77	38.8
1965/66	39.5	1977/78	39.2

the proportion of females to total population eligible to enrollment in primary education is mostly less than 50 per cent (arround 48), it appears that there is still a scope for further efforts to induce parents to educate their girls. Such increased emphasis on the education of girls would naturally increase the total number of children enrolled in schools.

New Enrollments in Primary Education:

Apart from the continued increase in numbers of enrolled pupils over time, there is also a growth in numbers of pupils admitted annually in the first grade, as shown in Table 16. The figures clearly show that admission to the first grade has greatly increased from about 416 thousand in 1954/55 to about 786 thousand in 1977/78, with exception of the year 1973/ 74, probably due to the dislocations associated with the 1973 War.

This increase, again, represents pressure on national investments, by diverting a considerable share toward fulfilling the right to education. Table 16 shows also proportions of admitted females to total pupils admitted in the first grade. These proportions appear to be somewhat higher if compared with proportions of females to total enrollments, presented in Table 15 . This may suggest that dropouts are higher among females than males. Thus, even for some girls for whom school places are available and parents allowed them to go, they drop out for

TABLE 16

New Pupils in the First Grade By Sex ,

1954/55-1977/78

Year	New Pupils in the 1st grade			% Females to Total	Year	New Pupils in the 1st grade			% Females to Total
	Males	Females	Total			Males	Females	Total	
1954/55	255158	161243	416401	38.7	1966/67	375273	258440	633713	40.8
1955/56	316467	187008	503475	37.1	1967/68	382455	257468	639923	40.2
1956/57	267563	170408	437971	38.9	1968/69	407490	272547	680037	40.1
1957/58	223707	144042	367749	39.2	1969/70	436060	283625	719685	39.4
1958/59	303958	195595	499553	39.2	1970/71	448058	294829	742887	39.7
1959/60	303323	197469	500792	39.4	1971/72	436582	285621	722203	39.6
1960/61	317848	210000	527848	39.8	1972/73	439318	288955	728273	39.7
1961/62	324349	216385	540734	40.0	1973/74	345784	232538	578322	40.2
1962/63	344824	233063	577887	40.3	1974/75	449668	296857	746525	39.8
1963/64	368296	251442	619738	40.6	1975/76	450986	305440	756426	40.4
1964/65	381831	267348	649179	41.2	1976/77	452790	313218	766008	40.9
1965/66	398546	280879	679425	41.3	1977/78	463068	322937	786005	41.1

various reasons. Perhaps they find that education is irrelevant to their needs, or to help in looking after younger children in large, poor families, or to be exploited in domestic service.

Intake and Enrollment Rates :

In order to examine the development in admission and enrollment of primary pupils irrespective of changes in population increase, intake and enrollment rates were calculated using estimates of population eligible for primary enrollment as well as admission in the first grade (6 - 11 and 6 years respectively). These rates are presented in Table 17. They show that enrollment rate has persistently increased from about 62 per cent in the year 1960/61 to about 72 per cent in 1965/66. Then it fluctuated in a narrow range from about 67 to about 70 per cents between years 1966/67 and 1975/76 which probably indicates that the rate of enrollment in this period hardly keeps pace with the increase of population.

Intake rates are observed to be changing in the same manner as enrollment rates. For, it increased from about 69 per cent in 1960/61 to about 79 per cent in 1965/66. It then fluctuated between 70 and 78 per cents in the period between 1966/67 and 1975/76, with an exception of the year 1973/74, where it was abnormally low, being about 56 per cent. Table 17 shows also that both intake and enrollment rates of females are consistently lower than those of males in all the specified years. However,

TABLE 17

Intake and Enrollment Rates,

1960/61 - 1975 /76

Year	Intake Rates %			Enrollment Rates %		
	Male	Female	Total	Male	Female	Total
1960/61	80.3	56.6	68.9	72.8	48.6	61.1
1961/62	80.8	57.8	69.8	75.9	51.4	64.1
1962/63	83.9	60.8	72.8	77.9	53.3	66.0
1963/64	87.2	63.9	76.1	81.3	56.2	69.2
1964/65	88.2	66.3	77.6	83.0	58.1	71.0
1965/66	89.9	68.0	79.2	83.7	59.1	71.9
1966/67	82.2	60.8	72.0	81.9	56.7	69.8
1967/68	81.8	59.1	71.0	81.0	55.3	68.7
1968/69	85.0	61.2	73.5	81.2	54.7	68.5
1969/70	88.8	62.1	75.9	81.0	53.9	68.0
1970/71	88.9	63.0	77.5	81.6	54.3	68.5
1971/72	84.9	59.7	72.6	82.7	55.0	69.4
1972/73	83.3	59.0	71.6	83.3	55.4	69.9
1973/74	64.2	46.5	55.6	79.8	53.5	67.1
1974/75	81.7	58.0	70.3	81.1	54.4	68.3
1975/76	80.1	58.3	69.6	79.9	54.2	67.6

(*) Do not include pupils in El - Azhar Institutes or those who are enrolled in special - care schools.

it should be borne in mind that these rates are only approximate ones, and that not all the primary enrolled pupils fall in the age range 6 - 11 , nor all the admitted pupils in the first grade are 6 years old.

Kindergartens and Schools of Handicapped children:

The government has also paid attention to the establishment of special - care schools that are especially confined to mentally and physically handicapped children. The main purpose of such schools is to provide these groups of children with special care and training that enable them to earn their living and perform a reproductive role in the society. These schools extend beyond the primary level, and prepare pupils in some cases for high education. Table 18 shows the increase in these schools and the enrolled pupils in the period 1954/55 - 1977/78. The figures reflect the progress achieved for these groups of children in terms of a sustained increase both in the number of schools and the enrolled children over time.

Another group of children who receive the due regard of the government, are those children in the pre - school age. In most of primary schools, there are attached kindergartens that take care of young children for a period of 1 - 2 years prior to admission in primary level. This period is very important for the socialization of children. It is at this early age that much tender care by both the family and the school is required. The

TABLE 18

Phyrically and Mentally-Handicapped Pupils and Their Respective Primary Schools, 1954/55-1977/78

Year	Number of Schools	Number of Pupils			Year	Number of Schools	Number of Pupils		
		Males	Females	Total			Males	Females	Total
1954/55	4	260	11	271	1966/67	87	2466	1454	3920
1955/56	17	692	421	1113	1967/68	79	2489	1417	3906
1956/57	15	690	394	1084	1968/69	86	2733	1529	4262
1957/58	23	829	467	1296	1969/70	82	2522	1413	3935
1958/59	27	1022	590	1612	1970/71	79	2777	1553	4330
1959/60	31	1129	676	1805	1971/72	82	3075	1673	4748
1960/61	34	1281	765	2046	1972/73	88	3222	1771	4993
1961/62	37	1423	855	2278	1973/74	86	3430	1889	5319
1962/63	38	1590	903	2493	1974/75	91	3745	2033	5778
1963/64	71	2189	1271	3460	1975/76	83	3807	2055	5862
1964/65	77	2326	1329	3655	1976/77	86	3811	2133	5944
1965/66	81	2356	1391	3747	1977/78	790	3978	2167	6145

child must learn to play with and contact other children other than family members. Kindergartens also prepare children to be able to cope adequately with their first formal educational opportunities. Therefore, stimulated attention should be given to children in these early and formative years of life.

Table 19 provides data on number of kindergartens and respective number of pupils in the period under examination - from the year 1954/55 to 1977/78. The figures reflect the expansion in these schools over time as well as in the number of pupils, both males and females. Number of schools increased from 143 in 1954/55 to 263 in 1964/65, and to 363 in 1977/78. Besides, number of pupils of both sexes has increased from about 10, 23 and 74 thousand respectively in the years referred to.

Pupil - Teacher Ratio and Class Density :

Not only the quantity of educational opportunities that is important to be promoted, but also its qualitative aspect. Pupil- teacher ratio and class density provide some indications of the quality of education. Table 20 presents data on number of classes, number of teachers and the corresponding class density and pupil - teacher ratio in the period 1954/55 - 1977/78. The figures reflect somewhat over - sized classses, yielding a class density of about 41 - 46 pupils per class This is mostly attributed to shortage in school buildings and other related facilities. Among them, the shortage of qualified teachers could be an important limiting factor.

TABLE 19

Number of Schools and Pupils in Kindergartens

By Sex, 1954/55-1977/78

Year	Number of Schools	Number of Pupils			Year	Number of Schools	Number of Pupils		
		Males	females	Total			Males	Females	Total
1954/55	143	6104	3859	9963	1966/67	279	13984	13339	27323
1955/56	171	8247	5150	13397	1967/68	260	12078	12080	24158
1956/57	101	4698	2731	7429	1968/69	251	12301	12072	24373
1957/58	168	6791	4454	11245	1969/70	228	11830	11939	23769
1958/59	168	7228	4722	11950	1970/71	244	12089	12469	24558
1959/60	185	7657	5057	12714	1971/72	253	13710	13428	27138
1960/61	181	7821	5483	13304	1972/73	276	16027	15740	31767
1961/62	238	9171	7289	16460	1973/74	284	17493	17561	35054
1962/63	252	9645	8621	18266	1974/75	290	17924	17973	35897
1963/64	257	10497	9331	19828	1975/76	312	21229	20719	41948
1964/65	263	11550	11043	22593	1976/77	312	24252	23000	47252
1965/66	271	12794	12338	25132	1977/78	363	47309	26237	73546

TABLE 20

Number of Classes, Number of Teachers, Class Density and Pupil-Teacher Ratio, 1954/55-1977/78.

Year	Number of Classes	Number of Teachers	Class Density	Pupil - Teacher Ratio	Year	Number of Classes	Number of Teachers	Class Density	Pupil - Teacher Ratio
1954/55	40700	43934	46	43	1966/67	81273	88081	42	39
1955/56	46026	49034	41	38	1967/68	81793	89727	42	39
1956/57	48476	52540	41	38	1968/69	83785	88342	42	40
1957/58	52008	55256	41	38	1969/70	85473	97268	42	37
1958/59	56346	61150	41	38	1970/71	88058	98735	42	38
1959/60	59449	63602	42	39	1971/72	90022	99351	43	39
1960/61	61831	67855	43	39	1972/73	92464	97475	43	41
1961/62	64976	71223	43	39	1973/74	94347	93502	42	42
1962/63	68059	76302	43	39	1974/75	97619	100901	42	40
1963/64	73370	81137	43	39	1975/76	99471	112649	41	37
1964/65	77489	84335	43	40	1976/77	101635	126397	41	33
1965/66	80822	86476	43	40	1977/78	104204	124263	40	34

(71)

Pupil - teacher ratios presented in Table 20 indicate high number of pupils per teacher, which could affect the performance of educational services. Thus, any expansion in school system would require an increasing number of adequately trained teachers. Even if there is no increase in total enrollments, new teachers should be annually recruited in order to replace the loss in their number due to death or retirement or any other reasons. Taking into account that the adequate training of teachers requires several years, it appears that the potential supply of teachers is relatively limited. Consequently, the need for additional teachers is urgent, not only to raise the quality of the educational service but also to meet the expansion in school system, if needed.

Pupils Attaining the Primary Level:

The success of the educational system is partly evaluated by the educational output. Table 21 and Figure 6 presents data on the number of pupils who attained the primary level - i.e, passed the examination held at the end of the sixth grade. The table reflects increasing proportions of the pupils who passed the examination to total number of pupils attending the examination over the specified period (1959/60-1976/77). For, these proportions have increased from about 50-58 per cents in the 1960's to about 61-73 per cents in early and mid 1970's. It should be noted that starting from the year 1974/75, the government gave pupils who did not pass the examination a chance to repeat, in order to minimize the wastage in primary education.

TABLE 21

Pupils Attaining the Primary Level, Among Those Who Attended the Examination, 1959/60-1976/77

Year	Pupils Attending the Exam			Pupils Passed			% Passed		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1959/60	124329	51898	176227	65636	27734	93370	52.8	53.4	52.9
1960/61	139507	58441	197948	68481	27957	96438	49.1	47.8	48.7
1961/62	150454	67206	217660	80214	33814	114028	53.3	50.3	52.4
1962/63	174339	73495	247834	95274	39562	134836	54.6	53.8	54.4
1963/64	228272	102046	330318	116947	49807	166754	51.2	48.8	50.5
1964/65	255457	117793	373250	135631	62392	198023	53.1	53.0	53.1
1965/66	264655	125466	390121	141214	64764	205978	53.3	51.6	52.8
1966/67	260463	125772	386235	147092	66129	213221	56.5	52.6	55.2
1967/68	267797	128588	396385	151408	69207	220615	56.5	53.8	55.7
1968/69	298998	148583	447581	166642	80834	247476	55.7	54.4	55.3
1969/70	332790	170037	502827	192054	95327	287381	57.7	56.1	57.2

(73)

TABLE 21

Pupils Attaining the Primary Level, Among

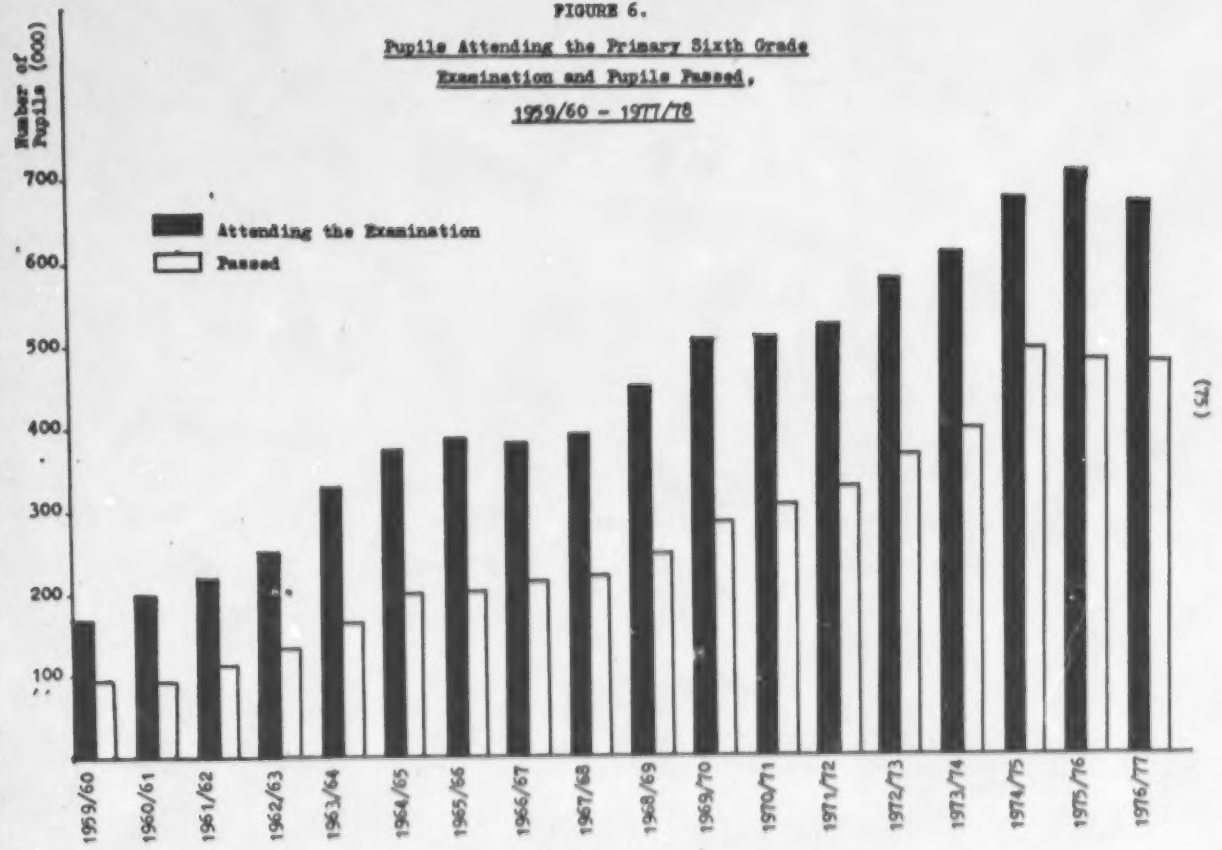
Those Who Attended the Examination,

1959/60-1976/77 (Cont.)

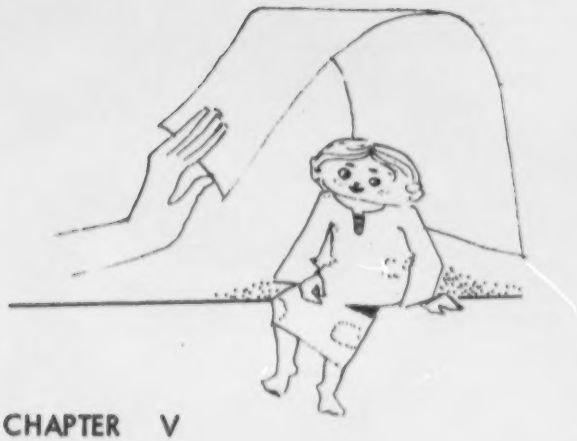
Year	Pupils Attending the Exam			Pupils Passed			% Passed		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1970/71	334417	174568	508985	204184	104468	308652	61.1	59.8	60.6
1971/72	343181	182944	526125	215993	112653	328646	62.9	61.6	62.5
1972/73	373657	205837	579494	239205	128950	368155	64.0	62.6	63.5
1973/74	395020	222867	617887	258131	141434	399565	65.3	63.5	64.7
1974/75	431091	245267	676358	315668	179907	495575	73.2	73.4	73.3
1975/76	454221	258123	712344	303135	175807	478942	66.7	68.1	67.2
1976/77	424813	247382	672195	300417	176291	476708	70.7	71.3	70.9

FIGURE 6.

Pupils Attending the Primary Sixth Grade Examination and Pupils Passed, 1959/60 - 1977/78



In general, it would appear from the foregoing presentation that, the government pays a great attention in promoting the right to education to large numbers of children. However, it is confronted by the rapid increase in population and the consequent increase in school - age population who is eligible to receiving primary education. Thus, a high annual investment in education is required to prevent a deterioration in standards of educational services directed to primary education. Despite these constraints, the government is doing its best to improve the educational system in order to permit and improve the provision of education, keeping in mind that, by the eradication of illiteracy among increasing numbers of population, it would reap numerous valuable results.



CHAPTER V

CHILDREN AND SOCIAL SERVICES

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CHILDREN AND SOCIAL SERVICES

The Ministry of social Affairs has done its best and will continue to direct its attention to take care of infants and children in Egypt since it had been established in 1939 and especially after the revolution of 1952. Since 1964 its care of childhood have covered different domains of child life, health, education, up - bringing, welfare and psycology. Administrial decree (No. 15) was issued in 1966 for establishing the Family and Childhood Administration, for the purpose of achieving the coverage and coordination of the previously mentioned activities.

The duties of this Administration have been difined by that decree to be as follows:

1 - Execution of programmes of childhood care for those children whose mothers are participating in labour force and the like, through enrollment in children's Day Care Houses.

2 - Execution of programmes of orphans through enrollment in Orphanages and Rehabilitation Associations.

3 - Execution of programmes of illegitimate children and the sons of inadjusted families through substituted families or asylums.

Children's Day Care Houses :

Children's Day Care Houses advocate the achievement of the following objectives :

a) Social care of children, in general, in preschooling age.

b) Preparation of children and developing their talents and abilities.

c) Up - bringing of children in healthy, ethical and religious environment. This enables them to be developed on a sound social basis.

d) Offering different services for some children to improve family situation and up - bringing of children within their families atmosphere.

e) To disseminate its services in surrounding localities.

In this connexion, number of Children's Day Care Houses, their capacity and number of children enrolled in them, are presented in Table 22. This table covers the period from 1966 to 1977 for which such data are available. It is clear from this table that, both the number of Children's Day Care Houses and the number of children enrolled in them have considerably increased by the year 1977 when compared with 1966. The increase was 549 Houses or 75.83 per cent and 32022 enrolled children or 79.31 per cent, respectively, during this period, as can be also

TABLE 22

Distribution of Children's Day Care Houses According to Capacity and Number of Children Enrolled, 1966-1977.

Year	No. of Houses	Capacity	No. of Children Enrolled
1966/67	724	46905	40377
1967/68	793	52498	39858
1968/69	844	55641	42721
1969/70	913	58746	43229
1970/71	978	61483	46998
1971/72	1020	63222	51341
1972/73	1061	67108	53199
1973	1113	68.82	54428
1974	1165	73384	61705
1975	1197	78673	65147
1976	1196	82092	66305
1977	1273	86966	72399

Source : Ministry of Social Affairs.

seen from Figures 7 and 8.

The capacity of Children Day Care Houses has also increased by 40061 children or 85.41 per cent in 1977, compared with 1966. It can be also noticed from the table that, the capacity of these Houses is still more than the number of children enrolled in them since 1966 up to 1977.

Rehabilitation Associations :

There has been 177 Rehabilitation Associations in 1970 under the supervision of the Ministry of Social Affairs provided complete social care for about 5394 child in the same year. They are distributed all over the country and depend upon non-governmental efforts in addition to governmental supporting. But , there are some flactuations in their number year after year, as can be seen from Table 23. However, still, the capacity of these Associations is more than the number of children enrolled in them.

They provide complete social care for those children liable to the following circumstances :

a - Orphans living under poor conditions.

b - The inability of parents to take care of their children because of illness or prison,and non - existence of any other member of the family who could take care of children.

FIGURE 7

Number of Children's Day Care Houses,

1966/67 - 1977

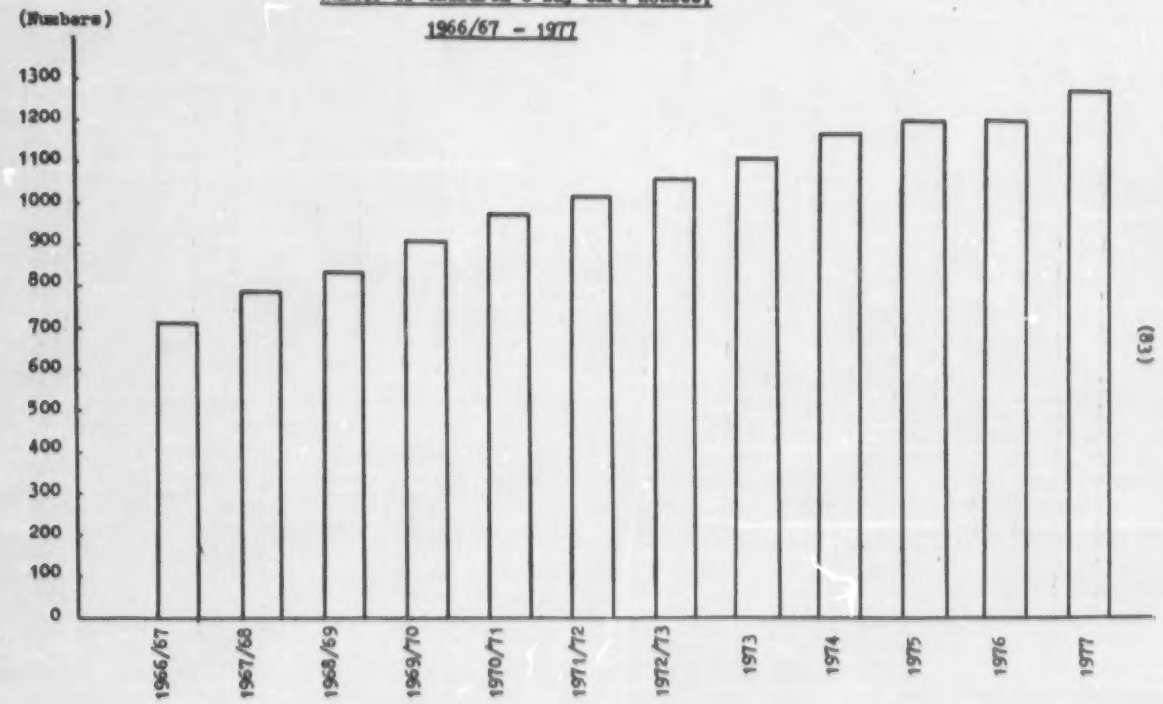

FIGURE 8

Number of Enrolled Children in Children's Day Care Houses, 1966/67-1977.

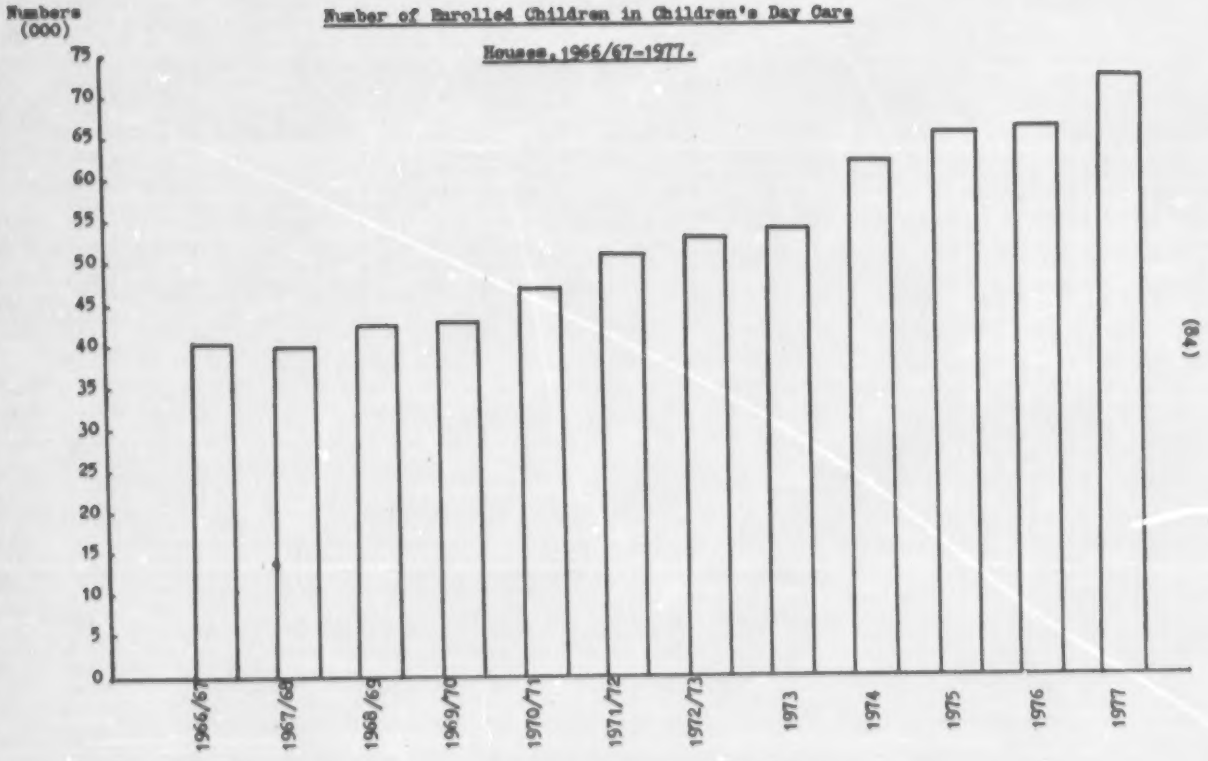

TABLE 23

Number of Rehabilitation Associations,

1967 - 1975.

Year	Number of Associations	Capacity	Number of Children Enrolled
1967/68	167	12493	5342
1968/69	164	11346	4791
1969/70	175	13819	5336
1970/71	177	13367	5394
1971/72	176	12622	5482
1972/73	167	11229	4645
1973	166	10071	4308
1974	167	10507	4140
1975	167	10599	3793

Source : Ministry of Social Affairs.

c - Dissolution of family because of divorce or remarriage of the father, and non - existence of any other member of the family who could take care of children.

In this respect, the Rehabilitation Associations accept children aged 6 - 18 years and its services can be extended to 21 years in case of those enrolled in educational stages or training courses until their graduation. After the graduation the Rehabilitation Associations help children for sometime in order to be adjusted with the new life and new environment. The purpose for this matter is to raise children in a suitable atmosphere apart from reasons of crimes and discripancies, to be useful citizens for the progress and welfare of their country.

Children's Care through Substituted Families :

The services offered by substituted families aim to provide a complete social care for those children deprived from their family care. These services are especially offered for illegitimate children and those who are not able to tell anything about their parents or families. In this connexion, the children are handed to substituted families or to residential Children's Care Houses or to Rehabilitation Associations according to the circumstances of each child, to create suitable family atmosphere for up - bringing of children, and to be componsated for their families of origin.

Besides, the Ministry of Social Affairs gives the illegitimate child a tripartite name like other legitimate children in the society. This, enables him to face the new life in his society. In this respect, the respective Ministry increases the relative allocations year after year to increase the services offered for this group of children. Also, the Ministry of Social Affairs tries to develop continuously the methodology of work in this field, for the benefit of those children.

Children and Sport Services :

Sport services and activities offered to children under 12 years of age through The National Council for Youth and Sports can be summarized as follows :

1. Training lessons of Sport Games :

   There has been three training lessons of sport games per week for the first four grades in the primary school, and two lessons per week for the fifth and sixth grades.

2. Free Sport Activities :

   These activities are provided voluntarily according to the abilities of pupils, to train them on the principles of basic games.

3 Sport Matches :

   There are sport matches in different games which are carried out among educational districts.

4. Training Centres :

There are training centres all over the governorates of Egypt to raise and discover sport abilities among children.

In each governorate two training centres are found, each one is specialized in at least two games. The participants in each game are about 30 persons (15 girls and 15 boys).

5. Special Sections :

Summer camps are established for those excellent pupils in sport games, on coast cities. Similar camps are organized by the governorates for their children. These camps include some social and cultural services offered for pupils in addition to sport services.

Now, before going to discuss cultural services offered to children under age 12, it is convenient to state that, it is of crucial importance in the field of social services to increase the number of Children's Day Care Houses to meet the actual and acute need for them nowadays, especially if we know that, the tendency of the government is towards developing the role and status of women in the society. These Houses should be established in big Working Associations in addition to those existing in separate places. Services offered through them should be also improved and enlarged to achieve the required goal.

In addition, sport services should be expanded and improved. Training centres for sport games all over the country should be increased and cover more than two games. Besides, summer camps should be encouraged and their services should be enlarged too.

Children and Cultural Services:

Numerous services are offered to children in cultural field through children's clubs. There has been children's clubs in Popular Cultural Units which are distributed all over the governorates of Egypt. These children's clubs provide games, books, music tools, films, plays, projector and stories for children under 12 years of age. Besides, they organize tourist journeys parties and exhibitions for children's production.

In this connexion, there is a special palace for child's culture in Gardan City, Cairo, which offers different sorts of cultural services for children and helps them to develop their culturals abilities. In addition, there is a special theatre for the child attached to child cultural palace. It is considered the first one in its sort in Arab world. There is also a centre for child cultural research which conducts some research about children habits, customs, and interests

in different ages, with a special reference to differences among urban and rural children, to meet different cultural needs of children.

In this context, Table 24 shows development in activities of popular culture in the field of child culture during the period 1970 to 1976. From this table, it is clear that, training of children in theatres and music has increased to a great extent by 1976 compared with 1970. The increase was 2022 trainees in theatres and 3346 trainees in music during this period. Number of shows in popular arts and formative arts has been also increased by 1976 compared with 1970. The increase was 20 and 4634 shows, respectively. The table also shows that, the number of films offered for the children, the number of readers among children in library, the number of symbosiums carried out for children, projectors and the number of journeys for tourist purposes and those children participated in them, have considerably increased by the year 1977 compared with 1970. In general, there has been a huge increase in the number of beneficiaries (children) during this period, the increase in their number being 427165 or 128.72 per cent in 1977 compared with 1970.

It is convenient in this respect, to present the number of plays carried out by Dolls Theatre since 1959/60 to 1978. These, are shown in Table 25. From this table, it is noticed

TABLE 24

Activities of Popular Culture in the Field of Child's Culture, 1970-1977.

Year	Theatre		Music		Popular Arts (*)		Formative Arts		Cinema (*)		Libraries (*)		Symbosiums (*)	Projectors (*)	Journeys		Total Beneficiaries
	Train.	Shows	Train.	Shows	Train.	Shows	Shows	Benef.	Total Films	No. of Child.	Readers	Borrowers			No.	Participants	
70/71	73	15947	243	45252	-	-	197	20029	..	..	..	..	..	..	14	338	331845
71/72	937	92	2590	261	1004	108	1698	116	198	608	147020	62013	519	81	48	349	398027
72/73	1292	108	2602	237	898	70	2547	207	458	362	136616	63162	726	177	51	272	379922
1973	1167	60	2039	257	665	55	3070	189	524	350	153659	44180	635	150	37	1192	482355
1974	958	75	1960	215	750	72	3094	326	488	449	129318	42031	785	154	40	1566	457859
1975	1574	286	2736	277	1127	136	4840	239	965	801	139239	42305	1201	484	78	2340	606306
1976	2095	536	3589	249	735	120	4831	290	928	1044	154973	33017	1402	651	99	2265	653584
1977	2151	229	4106	247	1375	126	6148	332	806	1016	178531	30679	2866	572	103	3092	759010

Source : Ministry of Culture.

(*) These Items are not separately available in 1970/71.

(91)

TABLE 25

Number of Plays Presented by Dolls Theatre,

1959/60 - 1978

Year	No. of Plays	Year	No. of Plays
1959/60	1	1969/70	5
1960/61	2	1970/71	7
1961/62	2	1971/72	7
1962/63	6	1972/73	8
1963/64	5	1973	6
1964/65	6	1974	1
1965/66	7	1975	5
1966/67	6	1976	3
1967/68	9	1977	8
1968/69	9	1978	6

Source : Ministry of Culture.

that, the number of plays flactuates between increasing and decreasing trends. This matter depends upon the availability of authors in this field.

However, it is of great importance in this regard, to increase number of children's clubs and to enlarge activities offered by them in field of child's culture. Tourist Journeys should be encouraged, special books and magazines of children as well as films and theatres of children should be also increased. Special care should be directed for training of children in different fields of arts and music, in an attempt towards continuous increase in the level of culture among children.

CHAPTER VI

CHILDREN AND FAMILY PLANNING SERVICES

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CHILDREN AND FAMILY PLANNING SERVICES

Family planning services play an important role in the promotion of maternal and child health in addition to providing direct means of controlling population growth through a reduction in fertility. It is well known that, high parity, poor spacing and improper timing of births have all been shown to be related to high rates of maternal and infant mortality and to an increased prevalence of infectious diseases, congenital malformations and malnutrition. Even for those mothers and offsprings escaping immediate and serious health problems in high fertility cases, there is still the added risk of poor physical growth and development and impaired mental or intellectual ability.

Activities in the area of family planning include both the provision of contraceptive supplies and motivational efforts in the form of information, education and communication activities directed toward a change in basic reproductive behaviour. Services are provided both in the family planning units (centres) and through nurse - midwives and social workers who make home visits to relevant families.

It is not the scope of this research to deal with such important topic in more detail, however, we shall only give a quick glance on the number of family planning units in Egypt

during the period 1966 to 1976 and services offered by them in the field of contraceptive supplies in addition to number of users. In this respect, Table 26 shows development in number of family planning units since 1966 - 1976 according to their type. This table clearly shows that, there is an increasing trend, in general, in the number of all kinds of centres offering the services of family planning during the period of study. The increase was greatly noticeable in case of hospitals and non-governmental centres which was more than double through this period. The table also shows that, the number of family planning centres has increased to a great extent either in rural or urban areas of Egypt. The increase was about 80.88 per cent in urban areas and 38.55 per cent in rural areas in 1976 compared with 1966. As a result of this, total number of family planning centres has increased by 51.15 per cent during this period, as can be also seen from Figure 9.

Distribution of contraceptives for users , is among the basic services offered by these family planning centres. As can be seen from Table 27, There is a huge increase in oral Pills, Loaps and Condoms distributed by these centres in 1976 compared with 1966. Still, the two important contraceptive methods in Egypt are oral Pills and Loaps. Use of other contraceptives is limited and needs more information about advantages and disadvantages of using them. These results have

TABLE 26

Development of Family Planning Centres

According to Their Type, 1966-1976

Year	Child Care Centres	Health Centres	Combined Centres	Rural Health Centres	Hospitals	Non-Gov. Centres	Total		
							Urban	Rural	Total
1966	174	244	561	960	89	273	585	1616	2301
1967	181	250	563	1089	151	351	854	1731	2585
1968	185	254	672	1129	160	373	893	1780	2673
1969	189	255	573	1141	163	412	912	1821	2733
1970	191	267	574	1174	182	464	973	1879	2852
1971	196	273	577	1215	195	498	1026	1928	2954
1972	198	275	580	1281	209	524	1066	2001	3067
1973	203	276	586	1337	224	562	1111	2077	3188
1974	203	275	583	1403	228	627	1199	2120	3319
1975	208	281	587	1508	250	619	1222	2231	3453
1976	207	282	585	1523	258	623	1239	2239	3478

Source : The Family Planning Board

(99)

FIGURE 9.

Family Planning Centres in Rural and Urban Areas of Egypt, 1966–1976

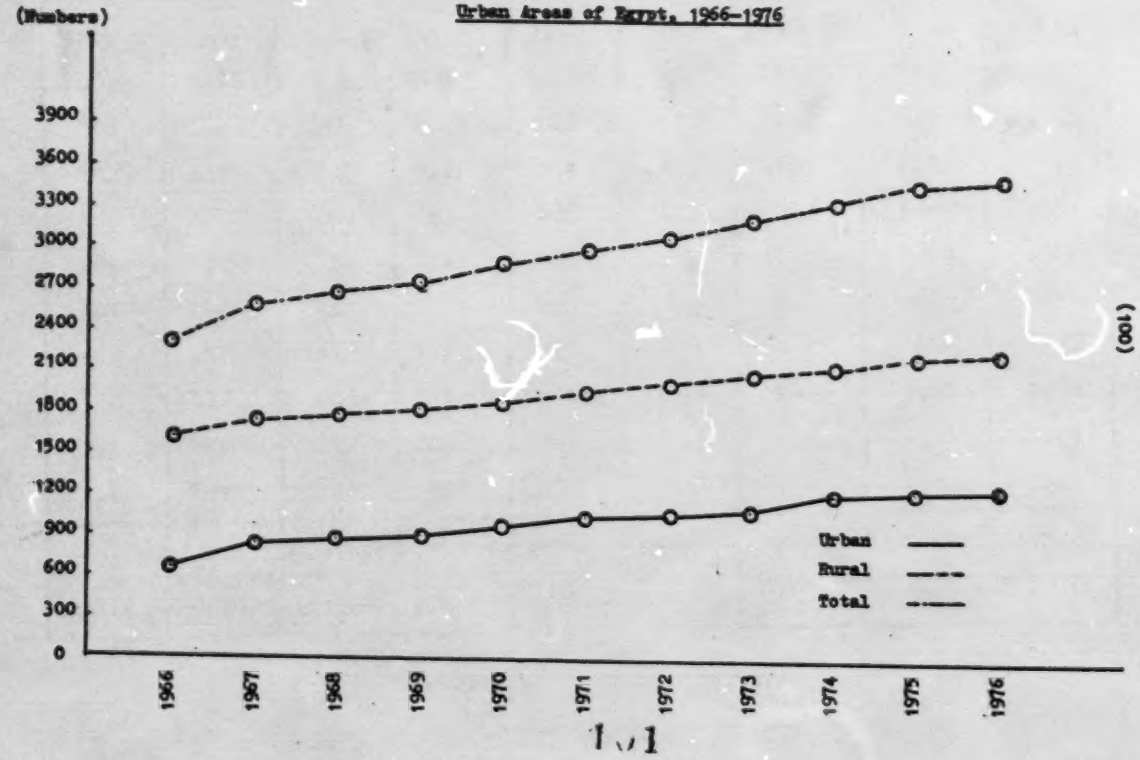

TABLE 27

Contraceptives Distributed Through Family Planning Centres for Useres, 1966 - 1976

(000)

Year	Oral Pills	Loaps	Condoms	Vaginal Diaphragm	Creames
1966	1736	19	-	-	-
1967	2182	41	-	-	-
1968	2779	32	-	-	-
1969	3349	35	-	-	-
1970	4053	44	-	-	-
1971	4552	58	-	-	-
1972	4988	67	-	-	-
1973	5104	70	314	2	6
1974	4565	65	450	2	9
1975	5198	76	461	3	13
1976	4515	84	615	3	9

Source : The Family Planning Board.

been emphsized in a study conducted by the C.A.P.M.A.S. in 1978 (*).

In this connexion, despite the great national movement towards family planning since the establishment of The Excecutive Family Planning Board in 1965 until now, there has been a slight gradual increase in the proportion of currently users. This proportion was only 3.5 per cent of currently married females in reproductive period in the year 1966, which was the beginning year in the excecution of family Planning programmes in Egypt. It has increased to 20.4 per cent in 1975. However, the mentioned study undertaken by the C.A.P.M.A.S. in 1978, has shown that this proportion was 26.5 per cent (including those adopting prolonged lactation) in the year 1975 depending upon the results of the National Fertility Survey conducted by the Agency in the years 1974 and 1975.

Anyhow, the proportion of currently users is still small, if compared with other developing countries. For example, such proportion was 55 per cent in Taiwan and Hong Kong in 1975 and was 60 per cent in Singapore in the same year. Moreover, the proportion of currently users is found to

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(*) C.A.P.M.A.S., "Studies in Population Problem in Egypt: Fertility of Egyptian Woman and Her Attitudes Towards Family Planning", January, 1978.

TABLE 28

Development in Percentage of Family Planning Users to Currently Married Females in Reproductive Period, 1966-1976

Year	Percentage of Users		
	Family Planning Centres	Pharmacies	Total
1966	3.5	-	3.5
1967	5.1	-	5.1
1968	6.7	-	6.7
1969	8.2	-	8.2
1970	10.2	-	10.2
1971	12.0	-	12.0
1972	13.8	0.9	14.7
1973	15.1	1.9	17.0
1974	15.2	1.8	17.0
1975	17.4	3.0	20.4
1976	16.9	1.5	18.4

Source : The Family Planning Board.

(103)

be decreased to only 18.4 per cent in 1976, as can be seen from Table 28 and Figure 10. Thus, there is a wide range in this respect, to intensify our efforts in the field of family planning in an attempt to increase percentage of currently users through attracting new users in this field.

Mass Media are among the basic factors which could achieve the required goal. Activities of Central Mass Media in this field as well as activities of informative awareness in governorates of Egypt are presented in Tables 29 and 30. These two tables clearly point to the great importance of efforts devoted by the government and localities to such vital topic through all means of information. However, the role of Mass Media, both at Central and local levels in this respect, should be widened and strengthened to achieve the required goal of family planning in Egypt.

One may repeate again in this context that, family planning services in addition to providing direct means of controlling population growth through a reduction in fertility, play an important role in the promotion of maternal and child health. The ultimate goal for such services is to improve the standard of living and welfare of the family. This will necessarily be reflected on the well - being and welfare of the children.

FIGURE 10

Percentages of Currently Users of Family Planning to Currently Married Females in Reproductive Period, 1966-1976

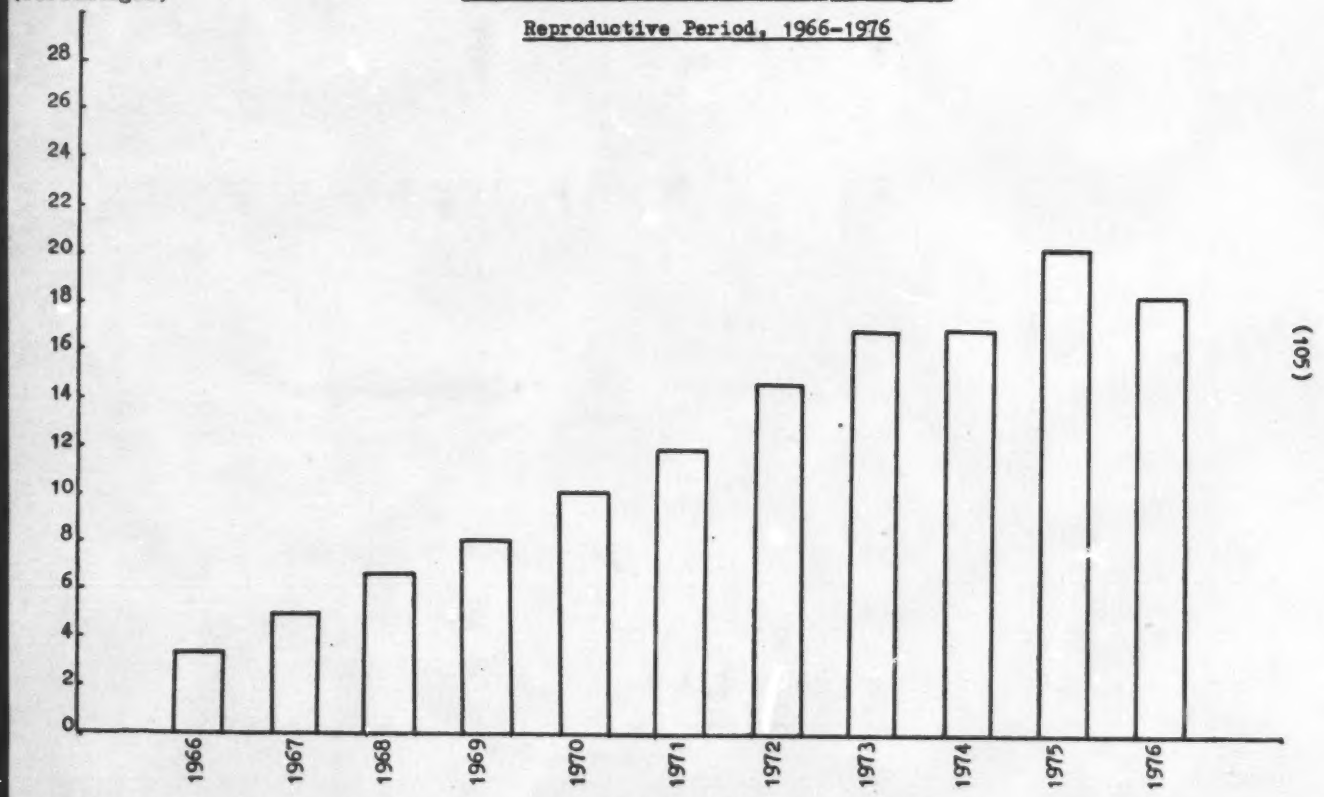

TABLE 29

Activities of Central Mass Media in The Field of Family Planning, 1972-1976

Year	T.V. Programmes in Minutes	Radio Programmes in Minutes	Number of News in Newspapers	Number of Essays	Characteristic Pictures
1972	3758	9913	567	341	73
1973	4662	16496	501	243	67
1974	5305	13975	642	233	72
1975	4150	10960	567	333	46
1976	5476	9630	336	423	37

Source : The Family Planning Board.

TABLE 30

Activities of Informative Awareness in The Field of Family Planning in the Governorates of Egypt, 1972 - 1976

Year	Symbosiums	Cinema'Films	Attendents
1972	3390	1112	531997
1973	3515	950	425190
1974	3700	1272	469282
1975	3665	1045	480487
1976	2348	1105	358597

(107)

Source : Same Source of Table.29.

CHAPTER VII

CHILDREN AND MASS MEDIA

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CHILDREN AND MASS MEDIA

Many services are offered by all means of information for children. For example, Radio and Television devote special programmes for children to emphasize ethical, religious and cultural values and norms in the society. In addition, they continuously try to develop children's abilities in various fields of life, as well as to create the feeling of responsibility towards their home to be good citizens for participating in the socio - economic development and welfare of their country in the future.

There are special items for children's problems and interests in daily Newspapers. The target for this, is also to develop children's abilities and to raise the attention of relevant agencies and authorities towards children. Besides, there are special books and magazines for children aiming at raising the level of culture among them, in addition to special theatres and cinema for children.

Due to the nature of data availability in this regard, Table 31 presents T.V. annual transmission devoted to children's programmes and total transmission since 1973 to 1978. It is apparent from the table that, annual transmission devoted to children's programmes has been increased to

TABLE 31

T.V. Annual Transmission Devoted to

Children's Programmes, 1973-1978

Year	Channel 5				Channel 9				Total				% of Total Annual Trans.
	Children's Prog.		Total		Children's Prog.		Total		Children's Prog.		Total		
	Hour	Minute	Hour	Minute	Hour	Minute	Hour	Minute	Hour	Minute	Hour	Minute	
1973	147	23	3527	5	5	35	2355	16	152	58	5882	21	2.60
1974	215	27	4047	6	12	22	2435	18	227	49	6482	24	3.51
1975	152	8	4195	6	67	54	2495	-	220	2	6690	6	3.29
1976	305	25	4542	42	73	16	2680	24	378	41	7223	6	5.24
1977	256	8	4200	12	99	47	2870	30	355	55	7070	42	5.03
1978(*)	212	9	3213	12	47	40	2329	24	259	49	5542	36	4.69

(*) The Figures represent only the first 10 months, i.e. January to October, 1978.

Source: Broadcasting and Television Union.

a great extent from 152 hours and 58 minutes in 1973 to 355 hours and 55 minutes in 1977. The increase was about 202 hours and 57 minutes in this period. In other words, whereas annual transmission devoted to children's programmes in T. V. represented only 2.60 per cent of total annual transmission in 1973, it represented 5.03 per cent in the year 1977.

The children's programmes are presented through both channels 5 and 9. But, it should be remembered that, the majority of these programmes are presented through channel 5, as can be seen from Table 31. These programmes cover ethical, religious and cultural aspects of children's life, and deal in particular with children's problems, interests and abilities.

In this context, Table 32 shows annual transmission devoted to children's programmes through Broadcasting since 1973 to 1977. The table clearly indicates the interest of Broadcasting in children's programmes. These programmes cover different fields of children's life.

TABLE 32

Broadcasting Annual Transmission Devoted to Children's Programmes, 1973 - 1977

Year	Children's Programmes		Total		% of Total Annual Transmission
	Hour	Minute	Hour	Minute	
1973	420	18	46169	5	0.91
1974	426	40	47026	43	0.91
1975	424	31	47575	27	0.90
1976	436	13	48272	28	0.90
1977	415	18	48059	8	0.86

(114)

Source: Broadcasting and Television Union.

However, it is convenient in this respect to state that, there is an acute need for comprehensive national plan about children. The basic objective of such plan should be continuous well-being and welfare of children. In particular, the standard of child's culture should be raised through effective use of all mass media to achieve this required goal. Daily and annual transmission devoted to children's programmes in Broadcasting and Television should also be increased. Books, magazines theatres and films devoted to children should be enlarged and improved with respect to their quality.

In all cases, great emphasis should be directed towards ethical, religious and cultural fields of children's life. Besides, well up-bringing of children and continuous development of their abilities in various domains of life, should be among the basic targets of such mentioned comprehensive national plan for children.

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